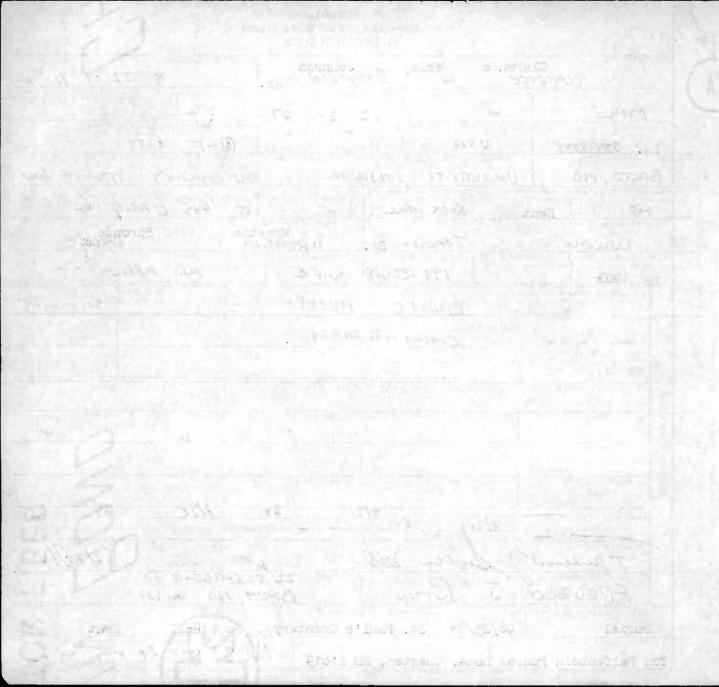
61	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYO LICATE OF DEATH	REG. NO.	2 1 4	7 7
1		CEASED NAME FIRST CI	arence Wesl	ey J.	Johnson Jr.	20. DATE OF DEATH MO	3 22 84 2	10 AM
1	3. SE	MALE	4 RACE	5. DATE (		6. AGE (IN YEARS EAST BIRTHD)		HOURS MIN.
25	7a. 81	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTS	RY? B MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY OR C		MD
38	B	ACTO, MD	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI UNIVERSITY	reet address)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W.) SBJ EMPLOYE!	ORKING LIFE) INDUSTRY	BUSINESS OR
35	130. 5	AL RESIDENCE (# NURSING HOME OR TATE 13b COUN	ITY IS CITY OR TO	OWN	13d INSIDE CITY LIMITS?		IP CODE HILL	66/
40	14. EA	THER'S NAME FIRST  CLARENCE	MIDDLE JOHNS	on sr	15. MOTHER'S MAIDEN NA FIRST Wres	atha MIDDLE	Sprouse SPROWSE	
2		VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATEST	-22.609	17 INFORMANT	ADDRESS AS	ABIUT	
troumatic event, t		Conditions, if ony, which gave rise to immediate	Ily ane cause per line for ioi, (b). D BY. FE CAUSE (a) CARO  DUE TO, OR AS A CONSE	11,40	PATITY			ATE INTERVAL ISET AND DEATH NING KES
a ony injury, or other	CERTIFICATION	couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING	TO DEATH BUT		20a AUTOPSY?	Ob. IF YES, WERE FINDING N CERTIFYING CAUSES O	F DEATH?
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2000	MEDICA	(IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	19 ICE, FARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
DE 8 12 0		220.   certify that (I) (this hospi saw the deceased alive an abave, (I) (me) (did no	0/21	RU		, to 8/27 death accurred on the date	and hour and from the ca	
NT a lie	<	77b. SIGNATURE  PLEUM  72d. PHYSICIAN'S NAME (17PE C)	Sulan	ms		MEDICAL STAFF DIRECTOR   PHYSICIAL		18x
MPORTAN	220	FREDERICA SURIAL, CREMATION, REMOVAL	E J. SUT	, ,		178, 170 21		11/2
		Burial			L's Cemetary	Rock Hall	Kent	STATE
/83	100	JNERAL DIRECTOR NAME M Helfenbein Fu	nral Home. Che	ster. I	4D 21619 250. DA	UG 3 1 1082	REGISTRAR'S SIGNATUR	

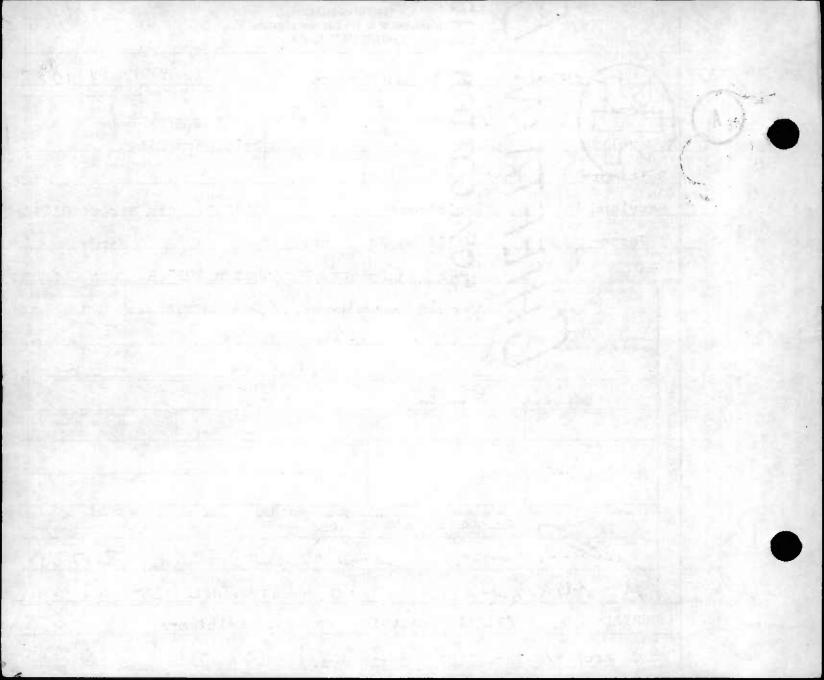


TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

BP.

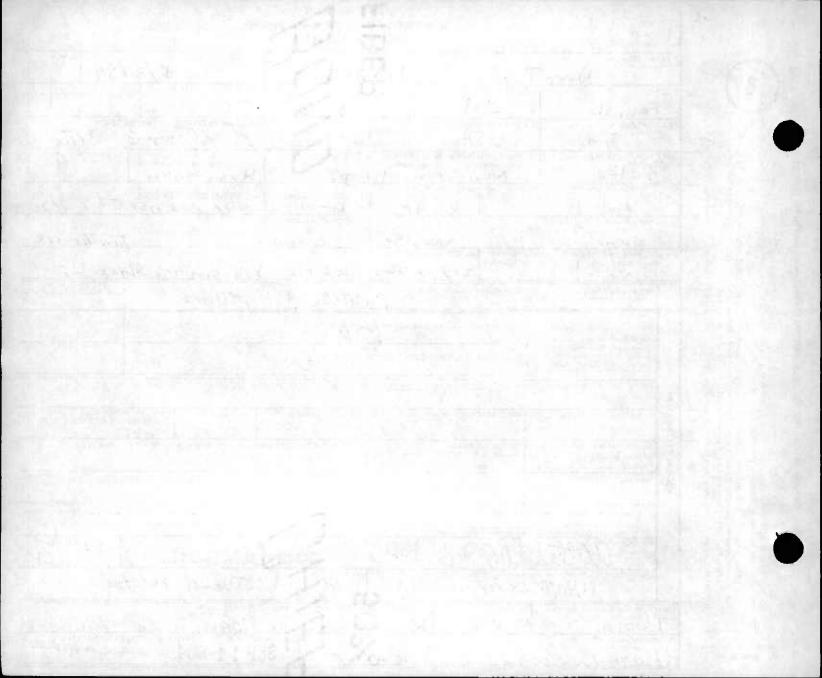
DHMH - 16 50M 1/B1 (VRA 15, 4)

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5	1-	FOR STATE	DEPAR	RITMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 👸 🛶	6.00	5
		REGISTRAR		CERTIFICATE OF DEATH	REG. 1		
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEA	20 1100
			HIA D.	JOHNSON		8 178	4 10
1	3. SEX	(	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST 8		EAR IF UNDER
1		Female	Black	7 15 52	32	YRS	
8.		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEAT	Н
20	-	Carolina	U.S.A.	WIDOWED DIVORCED	Baltimor	o City	
b E		TY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPA		ID OF BUSINE
-6			(IF NOT IN SUCH FACILITY, GIVE STR	BET ADDRESS)	(TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUS	TRY
25 /		altimore	Provident Ho	ospital			
ă .	USUA 13n S	TATE 13b COL	OR OTHER INSTITUTION GIVE RESIDENCE BEF		? 13e. STREET ADDRESS		
R5		arvland	Baltin			Mura Stre	o+ 21
-	$\overline{}$	THER'S NAME	IBGICII	15. MOTHER'S MAIDEN		Mara Dere	
1		FIRST	MIDDLE LAST	FIRST	MIDDLE		LAST
100		Jesse		ams, Jr Ruby		Har	dy
9		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADD	RESS	1
1 1		NO	Ma Ma	Larry P	Johnson 20	37 F Mir	a Str
2					oomison zo		ROXIMATE INTER
		PART I. DEATH WAS CAUS	only one cause per line for (o), (b),	and (c)	000	BETW	EEN ONSET AND I
fraumatic event,		IMMEDI Canditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEC	DUFNCE OF Stites, S	ense	2	yeu
other traumatic event, 1		IMMEDI Canditions, if any, which	ATE CAUSE (a)	Hepatitos, s	erre	2	yeo
njury, ar ather traumatic event, t	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONS	Hepatitos, s	evere lism ERMINAL DISEASE OR CO	NDITION GIVEN IN PAR	yeo Seo
ny injury, as ether fraumatic event, t	ATION	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSECTION  DUE TO, OR AS A CONSECTION  DUE TO, OR AS A CONSECTION  TO CONDITIONS CONTRIBUTING TO CONTRIBUTING	DUENCE OF A LCO LW  O DEATH BUT NOT RELATED TO THE TI		206. IF YES, WERE FIL	NDINGS USED
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3	1-	FOR STATE REGISTRAR	DEPARTM	IENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 4 2	1479
<u> </u>		CEASED NAME FIRST	WIDDLE	LAST		AY YEAR 26. HOUR
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( E D E)	3. SE	4.	RACE	5. DATE OF BIRTH	o. Piez in the second	IF UNDER 1 YEAR IF UNDER 24 HRS
~	1	Female	Col o	MONTH DAY YEAR	76 YRS.	SANS NOWS INVE
1 30 KM	Tu. Bi		L CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1 1 20		)1(d,	0.5,4	WIDOWED DIVORCED	BHILIMONE	2 (1/4 MC
1 11 /	1.0 €	2 11.	I. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION	176 USUAL OCCUPATION LITTE OF WORK FOR MOST OF WORKING LIFE	176 KIND OF BURNESS OR
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offendir offendir ter this is the bu h and M rked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	CITY OR TOWN	COUNTY STATE
NDIN NS Ar Health			ol) ottended the deceased from_			9, that (I) (we) lost
Spito CTO d for of h		sow the deceosed alive on_ above, (I) (we) (did) (did not)	view the body ofter death.	, and that in (my) (aur) apinion	death accurred on the date and hour	and from the couses stated
AL OR , the hor AL DIRE detoched ote Dept IT. If Item	i	226. SIGNATURE	COPPAR V	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DAT 54784
TO HOSPITAL retoined by the TO FUNERAL should be determined with the Stote		22d. PHYSICIAN'S NAME (TYPE ORT	RKOPEL M	1) 122e. ADDRESS (1900 € )	JORTHERN PKW	Ay
5 % 5 % ¥ ₹	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	IAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY . A STATE
BP		BURIAL	19-8-84 M	THUBURK CAM	BASTIMORK	MIO
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	ADDRESS	250. QA	TE REC'D. BY REGISTRAR 256 DEGISTR	PAR'S SIGNATURE
(VRA 15, 4)	4	OSEPH LORUS	35 2122 Wi No	REHAUR	EF 1 1 1904	Depotential of

STATE OF MARYLAND



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the familial should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

3	1-	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE G 4	2	1 4 8 0
		CEASED NAME FIRST CORPRINT)	MIDDLE J.	John Is dated	ISCN Sr.	20 DATE OF DEATH	8 7	YEAR 25 HOURS
	J 3L/	MALE	BLACK	MONT	H DAY YEAR	73	YRS.	
Sonce.		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED DIVORCED	BALTIMORE CITY O	R COUNTY OF	DEATH MD.
Opinied o		TY OR TOWN OF DEATH  BALTO.	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET)	NG HOME	Linear Control	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF TRUCK D	F WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY
ed isso		AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		21219 VIEW AVE.
dicol examiner	láa V	THER'S NAME FIRST  TOHN  VAS DECEASED EVER IN U.S. AR	MIDDLE JOHNS MED FORCES? 166, SOCIAL SECT	ON URITY NO.	15 MOTHER'S MAIDEN NA FIRST  COR  17 INFORMANT	ADDRE	e sss	Jordan .
the med		NKNOWN	2/7-0/		Daisy Gri	ffin 101 i	Metisp	a Drive  APPROXIMATE INTERVAL BETWEEN OF MET AND DEATH
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Swo Swo	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO		ERE FINDINGS USED G CAUSES OF DEATH? NO
frem 18 sh		2]a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	OR PART 2)
rked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY STATE
21 is mo		220 I certify that (I (this hospi sow the deceased alive on above, (I) (we) (did) (did no		84.0	nd that w (my (our) opinion	death occurred on the de	ote and hour on	d from the couses stated
Tr. If Ifem		22b. SIGNATURE	Denman	MI	ATTENDING PHYSICIAN	MEDICAL STAI		276. DATE SIGNED 8/7/84
MPORTANT		SUSAIN	Denman		5200 Eq	stern D	ve Bo	Ito MD.

231. NAME OF CEMETERY OR CREMATORY

Cedar Hill

DHMH-16 50M 1/81 (VRA 15, 4)

BP.

etoined by the hospital or attending physician.

TO HOSPITAL

23b. DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL

Cem. 25g DATE REC'D. AUG

Anne Arundel Co

24 FUNERAL DIRECTOR
Wm C March F/H Inc. 1101 E North Ave

8/11/84

REGISTRARISS REGISTRAR'S SIGNATURE

Md.

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	5	1 -	FOR STATE REGISTRAR	DEF		HEALTH AND MENTA FICATE OF DEATH		REG. NO.		0 1
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I moy	3	. SEX	4	. RACE	5. DATE	OF BIRTH		IN YEARS LAST BIRTHDAY	MONTHS DAYS	-DER 24 HRS
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nding carbin				DUE TO, OR AS A CON			1.			1230
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SICIA ng ph certifu certifu inal-tr	1	A	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR					
o A Dis of		MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION		CITY OR TOWN	COUNTY	STATE
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OR: A			22a.1 certify that (1) (this hospita	) ottended the deceased f	Chr. 41	25 19_	84 10_	8-7		ot (I) (we) lost
ATTE Ospit ECTC d for f. of m 21			sow the decease dive on above, (I) (we) (did) (did not)	view the body ofter death.	19_04_,0	and that in (my) (our) op	pinion death accu	rred on the date and h	our and from the co	uses stated
SPITAL OR of by the h NERAL DIR be detoche e State Dep TANT: If the			22b, SIGNATURE	rain /	nn	DEGREE ATTENDI		AL STAFF	22c. DATE SH	SNED
etained by the TO FUNERAL should be detained to with the State MADORTANT:			22d. PHYSICIAN'S NAME (TYPE OR P	RINT)	np	27e. ADDRESS 202	Clad	stone of	Rd	1-0-1
5 # 5 # ¥ \$ 4	2		IRIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	CEMETERY OR CREMAT	ORY 23d. LO	CATION		
BP			irial	8/10/84		Lawn	Ba	iltimore	Ma	aryland
DHMH - 16 50M 1/B1			NERAL DIRECTOR Duda-	Ruck, Inc.	RESS	25	a. DATE REC'D. B'	Y REGISTRAR 200 BEGI	STAR'S SIGNATUR Davidson-Ros	
(VRA 15, 4)	7	92	22 Wise Avenue	e Dundall	c, MD.	21222	AUG 1 4	1984 Juna	harasan-Ma	marie

STATE OF MARYLAND

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10 FUNERAL DIRECTOR. After this certificate has been ingred by the attending physician and completely filled in by the fune should be detached for use as the fusion transit perint. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiere print to barial, cremation, at removal.

MPORTANT, if then 21 is marked or their 18 shows any littury, as after traumsitic event, the medical sugginer rests, he mortical.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR			DEI AKIN		ICATE OF DEATH	REG.:	NO.		
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USU	IAL RESIDENCE (IF NUR			GIVE RESIDENCE BEFORE	ADMISSION)		13e. STREET ADDRESS	505		
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▲ 프 문 폴 프 ···		SIGNATURE	me will	M.D/1551510	MEDICAL EXAMINER	SIGNED
SE SE SE		U. C.		D 111	Penn Street	
SHE SHE		(TYPE OR PRINT) Marc	garita A. Korell,M	ADDRESS	remi sireer	
TO MEDICAL EXAM EXECUTE THE CERTII PAGE 4 SHOULD B TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYI	22.0		224 Dane		12H LOCATION	
-mar-40	23o.B	nd - bd	23c NAME C	F CEMETERY OR CREMATORY	23d. LOCATION CITY TOWN	A COUNTY STATE
BP	15	Turial	9/13/84 Garris	or Forest VA	DAHO!	DAHO MO.
	24 F	INERAL DIRECTOR		25a. D	DATE REC'D BY PEGISTRAR PSE RI	EGISTRAR'S SIGNATURE
DHMH - 17	1	NAME (A)	- G BOORESS (0)	RANKIN A	UG 13 1984 Julia	Davidson-Handelle
(VR A15 ME (5)) 20M 4/82	~	TICLY M. LUMIA	ce stor w. A.	MAN LOW	0	A
ZUM 4/6Z						

A RELIGION OF THE PARTY OF THE meaning the same and the the second was a second with the second water and the course of the contract of the co TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director, is should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the medical exam

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

must be notified at once.

STATE OF MAKTL				
DEPARTMENT OF HEALTH AND	FOR			
CEDTIEIC ATE OF	• STATE	ATE	- STATE	-

Wm C March F/H Inc. 1101 E North Avenue All 2

ND DEPARTMENT OF HEALTH AND MENTAL HYGIENE SCENTIFICATE OF DEATH

8

REGISTRA	R		CERTIFICA	ALE OF DEA	111	REG. N	0.			
I. DECEASED NA	ME FIRST	MIDDLE	LAST	- 1	2			DAY YEAR	26 HOUR	
- OR FRINTI	Jac	k	Lohr	nson		August	23	1984		м
3. SEX	J.ac	4. RACE	5. DATE OF B	IRTH		AGE (IN YEARS LAST BI		IF UNDER TYEAR		
М	-1-	P.1 a a la	MONTH 6		YEAR	0.0		MONTHS DATS	HOURS	MIN.
	ale (STATE OR FOREIGN	Black 76. CITIZEN OF WHAT COUN	ITDV2 8		0	8.3 BALTIMORE CITY O	YRS. COUNTY	OF DEATH	1	_
COUNTRY)	(STATE ON TONE TON	THE CHIECK OF THE COO.	MARRIED (2	NEVER MARI	RIED '					
	olina	U.S.A.	WIDOWED		Walter	Baltimor				MD.
10 CITY OR TOW	N OF DEATH	11, NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE		THER INSTITU		2a. USUAL OCCUPAT (TYPE OF WORK FOR MOST)			OF BUSINES	SOR
Baltim	ore	2228 Ode11	Avenue							
USUAL RESIDEN	CE (IF NURSING HOME O	DR OTHER INSTITUTION, GIVE RESIDENCE		I. INSIDE CITY L	IMAITS2 113	3e STREET ADDRESS				
Marvla				ES NO		2228 Ode	11 4	venue	2122	7
4 FATHER'S NA	ME		15.	MOTHER'S MA			II. A	venue	2.1.2.3	
FIRST		MIDDLE LAS		FIRST	_	MIDDLE	_	LAS	51	
Jac	K SED EVER IN U.S. A	John		INFORMANT		ADDR	FCC			_
(YES, NO OR UNI		IVE WAR OR DATES)					133			
NO		213-0	9 - 1292B	Eva J	ohnso	n 2228 0	dell	Avenu	e	
18 CAUSE	OF DEATH (Enter of	only one cause per line for (a), (	b), and (c).)	1				BETWEEN	ONSET AND DE	EATH
gove rise	s, if ony, which to immediate o), stating the	DUE TO, OR AS A COME  (b) TTO	noscur	oter	Car	develor	ello	_		
underlying	g couse last.	(c) Car	www c	anni	yun	nev	100			
	THER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NO	T RELATED TO	THE TERMIN	AL DISEASE OR CON	IDITION GIV	EN IN PART 1	01	
<u>o</u> 1	Luar	man le	sur.							
WEDICAL CERTIFICATION  TO STAND 199 DATE C  TO STAND 199 DATE C  TO STAND 199 DATE C  TO STAND 199 DATE C	OF OPERATION	1%. CONDITION FOR W	HICH OPERATION W	OPERATION WAS PERFORMED		IN CER		ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{ NO } \( \text{ \text{ NO } } \)		1?
21g. ACCIDE	NT WAS UNDERLYING	216. TIME OF INJURY	21	CHOW INJUR	Y OCCURRED	D (ENTER NATURE OF INJU				
OR CONTRIB	UTING CAUSE OF D									
(IF EITHER, I	Y OCCURRED	P.M. 21e. PLACE OF INJURY	19	f. LOCATION						
WHILE W		(AT HOME STREET, FACTORY, O		STREET		CITY OR TO	NWC	COUNTY	STA	ATE.
AT WORK	NOT WHILE AT WORK				-211	4		GI.		
22a.   certif	y that (1) (this has	pital) attended the deceased f	cicar 1		9 87	to Huy			that (1) (we	
saw 1	he deceased alive o	nat) view the ady after death.	19 84, and 11	not in (my) (our	) opinion de	oth occurred on the d	ate and hou	ir and from the	couses state	ed
22b. SIGNA		2 Valdi	nn m			MEDICAL STA		22c. DATE	SIGNED	
22d. PHYSIC	cian's name (Type		Sonno	ADDRESS 92	y w	, north	Au	L		
23a BURIAL, CRE	MATION, REMOVA	L 23b. DATE	23c. NAME OF CEMI	TERY OR CREA	MATORY	23d LOCATION				
BURIA	L	8/29/84	Baltimon	ce Cem	eterv	Baltimo	re.	COUNTY	Ma	ď.
24 FUNERAL DIR	ECTOR	1				REC'D. BY REGISTRAF		[RAR'S SIGNAT		
NAME			RESS				Ligin No	widson-R	indelle	
Wm C N	arch F/	H Inc 1101	F North	Awanii	BALIC	0 0 100/1	I WILLIAM	- talani al		

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

retained by the hospital or attending physician

Company of the state of the sta Can dear gulderenning and it is Met market with the Commence when Votars or too levere. Franklind Vieldines in Franklin J. Addisonno 434 W. Porth Aide

STATE OF MARYLAND

FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	6.4	
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		OLI
		-
		-

REGISTRAR		CENTIN	ICAIL OI L	Letter	REG. NO	1.		-
1. DECEASED NAME FIRST	WIDDFE	L.	AST		20. DATE OF DEATH	MONTH DAY	YE AR	26 HOUR Z
(TYPE OF PRINT)  LUCY	И.		OHNSON		August 21			10:42
3. SEX	4 RACE	5. DATE C		YEAR	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNI	DER I YEAR	IF UNDER 24 HRS
Female	Black	9	14	09	74	YRS.		
70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8.	D NEVER	AAPPIED T	9 BALTIMORE CITY OF	COUNTY OF	DEATH	
N. Carolina	U.S.A.	WIDOWE		VORCED [	Baltimo	ore City	7	MD
10 CITY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE  Maryland Ge	ET ADDRESS)			120. USUAL OCCUPATION OF WORK FOR MOST OF		Ib. KIND C NDUSTRY	OF BUSINESS OR
USUAL RESIDENCE (# NURSING HOM	E OR OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION)						
Maryland 136 CC	Balti		13d INSIDE C	NO []	136 STREET ADDRESS / 593 Orcha		21	201
14 FATHER'S NAME	Daici	more		MAIDEN NAM		ra st.		201
FIRST	MIDDIE LAST			FIRST	MIDDLE		IAS	ST
Robert	ARMED FORCES? 166 SOCIAL SEC		IO 17. INFORMA		ADDRE:	2.5		
	GIVE WAR OR DATES)							
Unknown	212–16	-3149	Mary	Thomps	son 593 Or	chard	Str	eet
18 CAUSE OF DEATH (Enter	r only one couse per line for (a), (b),	and (ch)				-	BETWEEN	ONSET AND DEATH
PART I. DEATH WAS CAL	DIATE CAUSE (a) Myocar	dial I.	nfarcti	on				
	DUE TO, OR AS A CONSEO  (c) Hypert  NT CONDITIONS CONTRIBUTING TO	ension			~ 1	DITION GIVEN I	V PART II	0,
0	left C	erebro	vascula	ar accid	dent cust.	7 1984		
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFO	RMED	YES NO XX	106. IF YES, WE IN CERTIFYING YES	RE FINDIT	NGS USED S OF DEATH? NO []
On the second se	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	OR PART 2)	
OR CONTRIBUTING CAUSE OF	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		211. LOCATR STREET		CITY OR TO	VN (	COUNTY	STATE
22a.1 certify that X() (this has saw the deceased alive	ospital) attended the deceased from August 21 19	Augu 84			4 , to <u>August</u> death occurred on the do	te ond hour and	from the	
226. SIGNATURE	M	1.	DEGREE				22c. DATE	SIGNED
Day W.	Merrito	MY		ATTENDING PHYSICIAN [	MEDICAL STAF		8/2	1/84
226 PHYSICIAN'S NAME (TO	(PE OR PRINT)		22e ADDRES	S				
Gary W.	Merritts, M.D.				land General	Hospit	al	
BURTAL			EMETERY OR		k Randalls	ţoi.	YTAU	STATE
	7, 20, 01	9 111	COL I C	L LUL.	Mandalls	SCOWII,		Md.

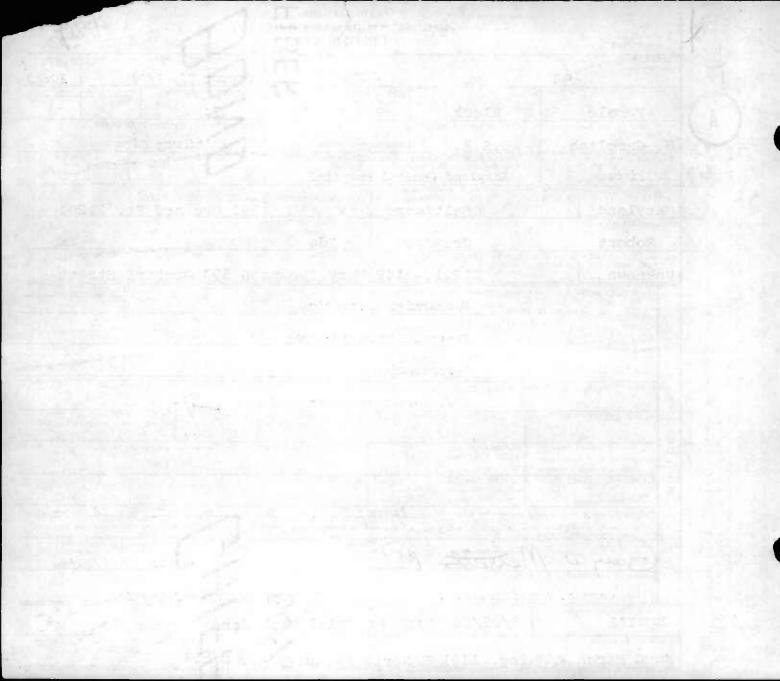
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

Wm C March F/H Inc. 1101 E North Avenue

250 DATE REC'D. BY REGISTRAR 2510 REGISTRAR'S GIGNA WANTED

Md.



	Secritic Pd	13
	de al. esecuted within 24 bluis after death. Po	03
The same of	cuted within 2	1100
		physical organization
Table and the second	the death cer	the attending remove corbo emotion, or it
2000	requires that	ean signed by it. Then please or to buriol, co
T VII AL REC	JAN. The Jose physician.	Hicate has be transit permit of Hygiene pri
UNISION OF VITAL RECORDS, JUL W. PRESION ST. BECKNOCK, MANY LANGESTON ST.	MOING PHYSICIAN: The law requires that the death certifical or attending physician.	NR. After this certificate has been signed by the afterding physical projectivities in the account of a second project of the

1	FOR - STATE REGISTRAR		DEPARTN	NENT OF H	OF MARYLA EALTH AND A CATE OF D	IENTAL HYG	SIENE 8	REG. NO.	2 1	e .	3	3
	ECEASED NAME FIRST	MI	DDIE	L	AST		20 DATE OF		VIH DAY	YEAR	26 HOU	JR
	POSALENA			JOH	NSON		AUG.	11,1	984		1:3	4P M
3.58	KUSALENA	4 RACE		5. DATE O			& AGE INY	EARS LAST BIRTHDA		UNDER TYEAR	# UNDER	
1	-Female	Blac	k	MONTH 3	4	14	7	0	YRS.	VIHS DATS	HOURS	MIN.
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W		8		-		RE CITY OR C	1110	FDEATH		
	COUNTRY) Maryland	U.S.	٨	WIDOWE	NEVER A	ORCED	BALT	IMORE	CIT	Y		MD
_	CITY OR TOWN OF DEATH		OSPITAL, NURSIN		Lan			OCCUPATION		12h. KIND C	F BUSIN	
B.	BALTIMORE		FACILITY, GIVE STREET A		CDTTA		TYPE OF WOR	K FOR MOST OF WO	ORKING LIFE	INDUSTRY		
	JAL RESIDENCE (IF NURSING HOME O				DETTW							
130.	STATE 13b. COU		3c. CITY OR TOW	N	13d. INSIDE CI			ADDRESS / ZII				
_	Maryland ATHER'S NAME		Baltim	ore	YES X	NO [	1822	E. L	afay	ette	Ave	<u>212</u>
H.	FIRST	MIDDLE	LAST			IRST	WE	MIDDLE		LAS	51	
	Phillip	-	Freeman		4.0	na						
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	66 SOCIAL SECU	RITY NO.	17 INFORMA	NI		ADDRESS				
-	NO		218-22-	3016	Lena	Brink	ley 1	822 E	. La	favet	te	Ave
	Canditions, if ony, which	EĎ BY: TE CAUSE (a)	out of the	tospita	re Ca	udiae	arr	lufa	rctw	. 1	MATE INTE ONSET AND	-
	gove rise to immediate couse (a), stating the underlying cause last.	(c)	AS A CONSEQUE	My	arter	y de	hase			Ye	ars	_
NOIL	PART 2. OTHER SIGNIFICANT HUDEVEM	SUV,	Mital	val	ne m	Sulfic	ulnu	1 Aon	rtic 1	value	lu	suffi
CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION	N WAS PERFO	RMED	YES [			VERE FIND IT NG CAUSES		TH?
	?18. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	AIR	. MONTH DA	YEAR	21c HOW IN	JURY OCCURI	RED (ENIER NA	TURE OF INJURY IN	ITEM 18 PART	I OR PART 7)		
MEDICAL	21d INJURY OCCURRED  WORK NOT WHILE AT WORK	21e PLACE O	F INJURY ET, FACTORY, OFFICE, F.	ARM, ETC }	211 LOCATIO	N		CITY OR TOWN		COUNTY		STATE
	22a I certify that (I) (this hasp saw the deceased olive a oboye, (I) (we) (did) (did n	1 au	19	GC an	d that in (my)	our) opinian	to death occurre	d an the date of	and hour a		that (I) (	
	226. SIGNATURE  226. PHYSICIAN'S NAME ITYPE	Auth	mul	ND		TTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAFF PHYSICIAN	16	120 DATE	SIGNED US E	34

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURIAL

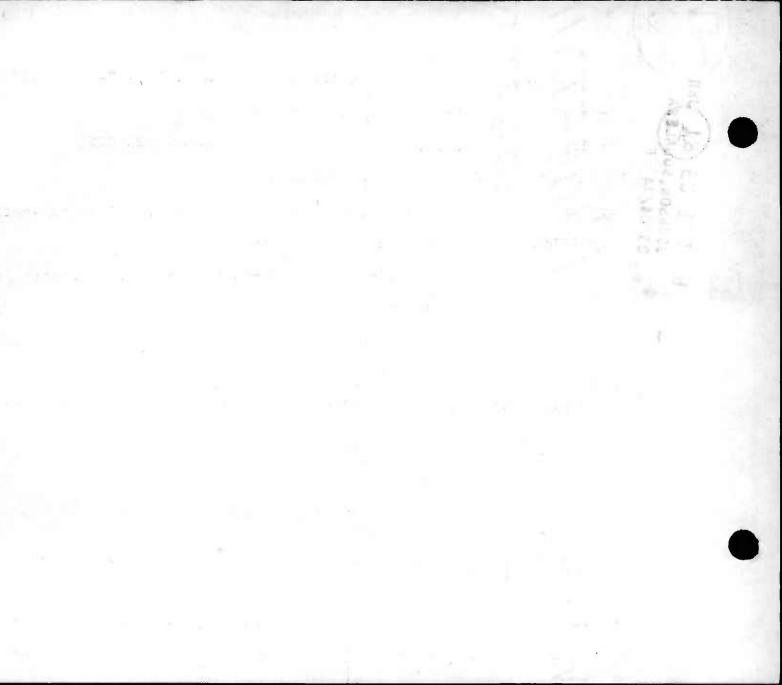
23b. DATE 8/15/84

Arbutus Memorial Pk. Arbutus,

Md.

24 FUNERAL DIRECTOR

Wm C March F/H Inc. 1101 E North Avenue AUG BY REGISTRAR 250. REGISTRAR'S SIGNATURE



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, paginghaloud be detached for use as this burnafronis permit. Then please remove corban pages. Pages Food 2 should be filled within 72 hours after delayed the State Dept of Health and Mental Hygens print to burial, cremation, or removal.

IMPORTANT: If them 2 I is marked as the male share any injury, or other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIA. The low requires that the death certificate be executed within 24 hours after death. Page 4 may

retained by the haspital or attending physician.

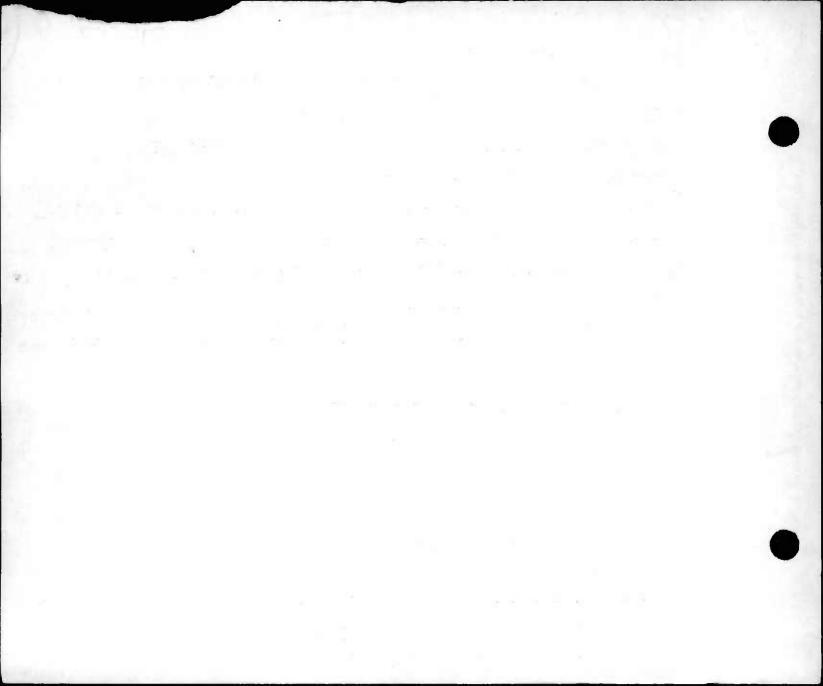
BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	21	111	0	7
		-	$\Join$	-
	7	- /		- 1

ı	1 -	REGISTRAR XC 24	16 30 1793	CERTIF	ICATE OF DEATH	REG. NO	. 446	3	
ı		CEASED NAME ERST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HC	OUR
ı	LITPE	RUFUS		JOHN	SON	AUGUST 31,	1984	10:	00 Bu
ı	3 SEX	(	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER	DAYS HOURS	DER 24 HRS
	MAI	LE	BLACK	APRI	L 8, 1926	58	YRS.	DATS HOURS	s Min.
ı		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COU	INTRY? &	X XVEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH	
ı		RTH CAROLINA	U.S.A.	WIDOWE	4444	BALTIMORE	City -		MD.
1	IO CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		R OTHER INSTITUTION	120 USUAL OCCUPATION	ON 126. I	KIND OF BUSI	NESS OR
A	BAI	LTIMORE	922 E. 20	th Stre	et	THE OF WORK TOK MOST O		331K1	
7	13a. S	AL RESIDENCE I IF NURSING FOME OF TATE COUR	ROTHER INSTITUTION, GIVE RESIDENCE NTY	CE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	7 IP CODE		
1		RYLAND		IMORE	YES X NO	922 E. 20t	h STREET	2121	18
	14. FA	THER'S NAME	MIDDLE 1/	AST	15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST	
	JOS	SHUA		HNSON	ROENE		I	LITTLE	
		(# YES, ON OR UNKNOWN) (# YES, GIN		AL SECURITY NO.	17 INFORMANT	ADDRE			
-	YES	S KORE	AN CONFLICT	179330	Mable John	son 922 E			
ı	-	18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a),	(b), and (c)			BF	APPROXIMATE IN	TERVAL ND DEATH
	-	PART I. DE ATH WAS CAUSE	ED BY: TE CAUSE (a) <b>CÀRDIC</b>	DRESPIRAT	ORY ARREST			INUTES	
ı			DUE TO, OR AS A CON	NSEQUENCE OF	ARTERIOSCL	EROTIC CARD	IO		
١		Canditions, if any, which			E WITH CONGES	TIVE HEART	FAILURE 6	YEARS	
ı		gave rise to immediate cause (a), stating the	DUE TO, OR AS A COM						
		underlying cause last	(c)						
	_ 1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	ART 1 a	
	CERTIFICATION	CARDIOCASCULAR				MYOCARDIAL	INFARCTIO	N	
1	CAI	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C	FINDINGS US	SED ATH?
	E E					YES NO	YES 🗌	NO	
		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM IS PART I OR	PART 2)	
1	MEDICAL	(IE EITHER NOTIFY MEDICAL EXAMINE		19					
1	4ED!	214 INJURY OCCURRED	21e PLACE OF INJURY	OFFICE FARM ETC.)	211 LOCATION STREET	CITY OF TO	wn (OL	JN14	STATE
	~	AT WORK NOT WHILE AT WORK							
		22a   certify that (I) (this hosp						, that (I	,
		saw the deceased alive an above, (1) (we) (did) (did no	nat) view the body after death	19, ar	nd that in (my) (aur) opinion	death occurred on the do	ate and have and Ir	om the causes	stated
		226. SIGNATULE	A (	7. 11	DEGREE			t. DATE SIGNE	D
		HMIN	w Ci	lan, or	ATTENDING PHYSICIAN	MEDICAL STAF		4/84	
		224. PHYSICIAN'S NAME TTYPE	OR PRINT)	t	22e ADDRESS				
		AURORA C. TAN	M.D.		VA MEDICAL C	ENTER FORT	HOWARD.	MD 21	052
		URIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNT		STATE
	( !	Burial	9/6/84	Garris	on Forest V				STATE
	24. FU	INERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAR	and the same of th		
	Wi	m. C. March	F/H 1101 T	E. North	Ave. SEP	5 1984	256 REGISTRAR'S S	-1/2.10	-



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the busial-transit permit. Then please remove carbanpapers-Pages 1 and 2 should be filewith the State Dept. of Health and Mental Hygiene prior to busial, cremation, ar removal.

injury, or ather troumatic event, the medical exp

MPORTANT: If hem 21 is marked or hem 18 shows

STATE OF MARYLAND

- STATE	DEPAK	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	TGIENEO	
REGISTRAR	MIDDLE		REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT)		LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
Arhtu	r L.	Jones		984 м
3. SEX	4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF U	INDER I YEAR IF UNDER 24 HRS
Male	Black	2 14 25	59 YRS.	The state of the s
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH
Massachusetts	U.S.A.	WIDOWED X DIVORCED	Baltimore City	7, I MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
Baltimore		th Street	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COUN Maryland		NOTE YES X NO	333 East 28th	st. 21218
14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN I	NAME	LAST
<u> </u>		Bertha	_	Tones
160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b. SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	
YES	578-20	-2639 Mary E. 3	Johnson 333 East	28th Street
PART I. DEATH WAS CAUSE IMMEDIA!  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO OR AS A CONSECU	batructive Pulmonary	Over 17 Anoxic Brain domage	O years  ② years  ○ month = ye
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN	IN PART I(a)
é Siezu	re pirorde			
SIETUS  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		ERE FINDINGS USED IG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR	URRED (ENTER NATURE OF INJURY IN 11EM 18, PART 1	OR PART 2)
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive on	ital) ottended the deceosed from	Ar S. e.	n death occurred at the date and hour on	, that (I) (we) last
22b. SIGNATURE  22d. PHYSIQIAN'S NAME (TYPE O	at) view the body after death.	DEGREE  ATTENDING PHYSICIAN  1226 ADDRESS		SAL 84

BP.

etoined by the haspital or attending physicia

DHMH-16 30M 2/80 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE 8/27/84

Serlemitros

23c. NAME OF CEMETERY OR CREMATORY Balto.National

STATE

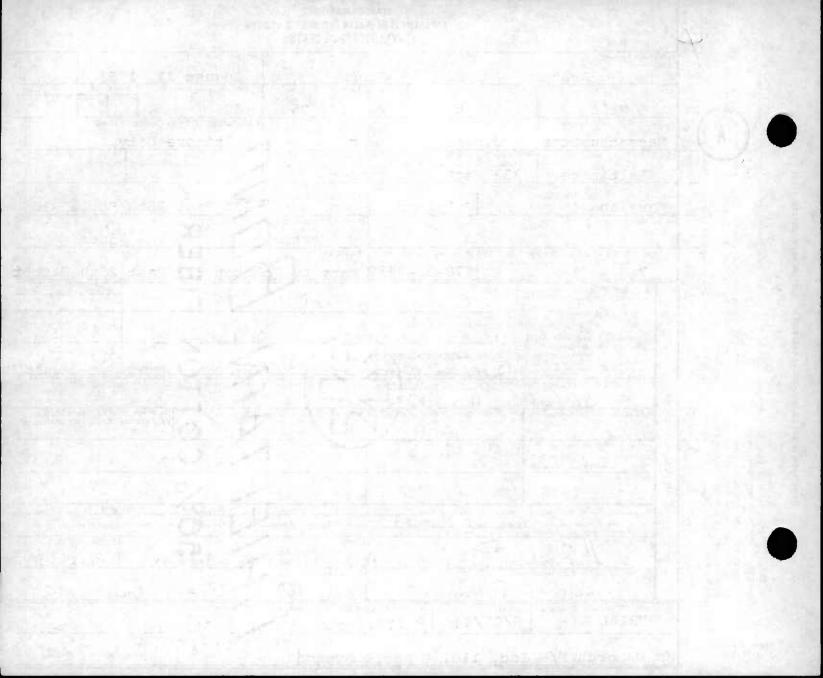
Wm C March F/H Inc. 1101 E North Ayenue

23d. LOCATION
CITY OF TOWN

Baltimore

D BY REGISTRAR 20. REGISTRAR'S SIGNATURE

23 1984 This Davidson—Rand Cen Md



	1-	FOR STATE REGISTRAR	,	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENES 4	2 1	- 4	8 7
		CEASED NAME FIRST	M	IDDLE	ı	AST		MONTH DA	YEAR	26. HOUR A
1	LIAME	ORPRINT)	•		.TO	VES	AUGUST	14 19	84	12:24
,	3. SE)	(	4 RACE		5. DATE C	F BIRTH	6 AGE   IN YEARS LAST BIRT	HDAY)	F UNDER TYEAR	IF UNDER 24 HRS
		FEMALE	BLACK		AUG	UST 6 1984		YRS	DNIHS DAYS	HOURS MIN.
2/		RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF V	HAT COUNTRY?	-	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O		
11		ARYLAND			WIDOWE	D DIVORCED	BALTIMO	RE CI	TY	MD
1/		TY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATIO			F BUSINESS OR
1	E	BALTIMORE	THE J	OHNS HO	PKIN	S HOSPITAL	(TYPE OF WORK FOR MOST OF	WORKING [IVE]		ONE
35	13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION C NTY	BALTI	/N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /		COUF	2/23/ RT
110	2.7	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			
26		FIRST	WOOLE	(W2)		EVELYN	MIDDLE	J	ONES	
1		VAS DECEASED EVER IN U.S. AR		166. SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE			
	()	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR OATES)			EVELYN	JONES		ABO	OVE
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR  DUE TO, OR  DUE TO, OR  DUE TO, OR	AS A CONSEOU POR SILV AS A CONSEOU POR SILV	ENCE OF IN	p-Inonar	y Lyperte asphyru	2		ONSET AND DEATH
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CO</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	inal disease or cont	DITION GIVE	N IN PART III	a
8	CERTIFICATION	19a DATE OF OPERATION	1% CONDIT	ION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY?		WERE FINDING CAUSES	
9		2)a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	ATH HOUR A.A	A. MONTH D	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PAI	RI 1 OR PART 2)	
/	MEDICAL	214 IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY ET, FACTORY, OFFICE, I	FARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220 I certify that (1) (this hasp sow the deceased alive or obave, (1) (we) (did) (did no	8/14	19_	£4.0	nd that in (my) (our) opinion	death occurred an the do	nte ond hour		that (I) (we) last couses stated
		22b SIGNATURE	Thet	Arr			MEDICAL STAF DIRECTOR   PHYSIC	F IAN 🗌	22c. DATE	SIGNED
1		226 PHYSICIAN SNAME (TYPE	OR PRINT)	m		601 N. W	rulfest.	Balt	more	, MS
		BURIAL, CREMATION, REMOVAL	23h DATE		NAME OF C	EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN		COUNTY	STATE

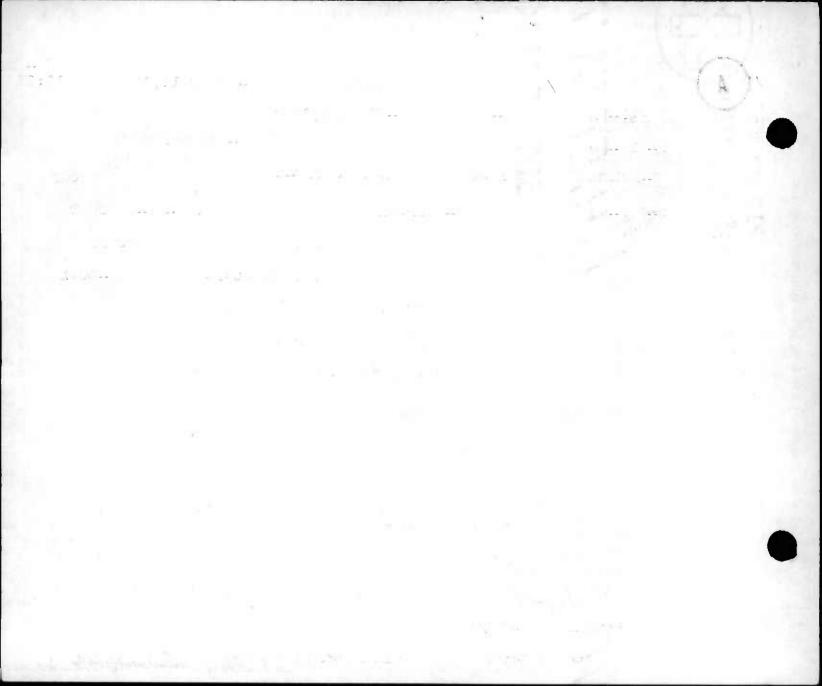
DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR Anatomy Board (VRA 15, 4)

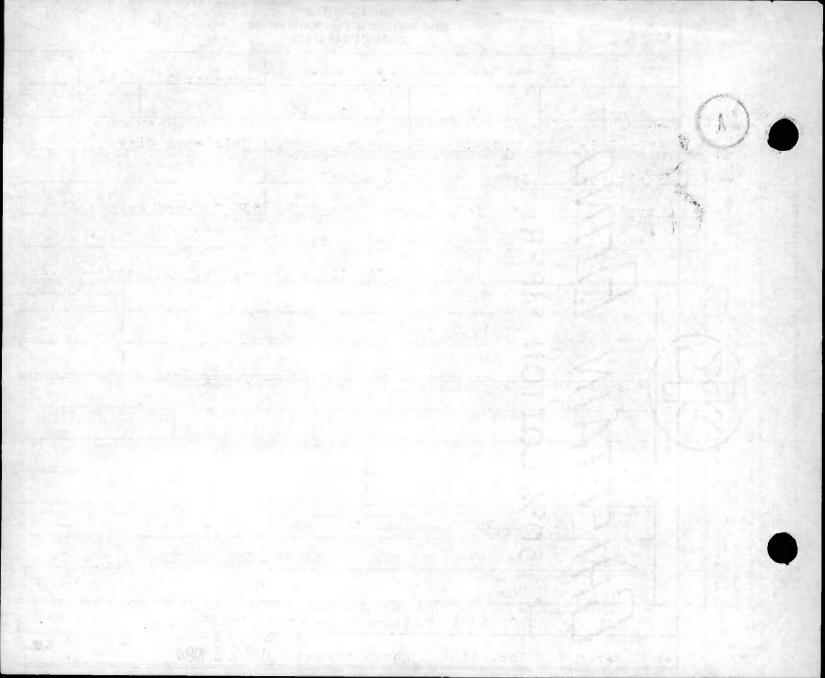
Removal

8/23/84

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Balto., Md.AUG



	_	REGISTRAR		C	ERTIFICATE OF D	EATH	REG. N			To a
		CEASED NAME FIRST OR PRINT)	WIDDLE		LAST		20. DATE OF DEATH	HTMOM	DAY YEAR	26. HO
		Bert			Iones		August		1984	
	3 SE	X	4 RACE	5.	DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST B	IRTHDAY}	MONTHS DATS	
1		Female	Blac		12 16	18	66	YRS.		
D-	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8.	MARRIED NEVER	ARRIED -	9 BALTIMORE CITY	74		
600		Virginia	U.S.A.		78.2	ORCED	Baltimo	re Ci		25 21/25
100	10. €	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACIL		HOME OR OTHER INST	IIUIION	12a USUAL OCCUPAT		126. KIND	OF BUSI
50		Baltimore			Hospital				1	
to C	13a S	AL RESIDENCE (IF NURSING HOME) TATE 136. CO		ITY OR TOWN	13d. INSIDE CI		13e. STREET ADDRESS			
100	_	laryland	9	Baltimo			832 Kenw	ood A	Avenue	212
i i	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		MAIDEN NAM	WIDDLE		14	AST
100		Edward		itzgera		rancis	ADDE	222	Fo1	ks
dien		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN)	GIVE WAR OR DATES)	SOCIAL SECURIT						
E		NO	2:	12 - 20 - 2	2454 Albe	rt Jor	nes, Sr.	832 I	Kenwoo	d A
5		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	LICED DV	redro pl					BETWEEN	NONSET A
r othe		gave rise to immediate cause (a), stating the underlying cause last		A CONSEQUENC	CE OF	- 43				
ony injury, or other	CATION	cause (a), stating the	nt conditions <u>contri</u>	IBUTING TO DEA			INAL DISEASE OR COI	20b. IF YE	ES, WERE FIND	INGS US
injury, or	TIFICATION	cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAL	nt conditions <u>contri</u>	IBUTING TO DEA	PERATION WAS PERFO	RMED	20a AUTOPSY?  YES NO	20b. IF YE IN CERT	ES, WERE FIND FIFYING CAUSE YES	INGS US S OF DE
injury, or	CAL CERTIFICATION	cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAL	196 CONDITIONS CONTRI	IBUTING TO DEA	PERATION WAS PERFO	RMED	20a AUTOPSY?	20b. IF YE IN CERT	ES, WERE FIND FIFYING CAUSE YES	INGS US S OF DE NO
18 shows ony injury, or	MEDICAL CERTIFICATION	cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAL  198 DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	196 CONDITIONS CONTRI	FOR WHICH OP  URY MONTH DAY	PERATION WAS PERFO  YEAR 19 21t. HOW IN 21f. LOCATIO	RMED JURY OCCURR	20a AUTOPSY?  YES NO	20b. IF YE IN CERT Y	ES, WERE FIND FIFYING CAUSE YES	INGS US S OF DE
18 shows ony injury, or		Cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAL  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER. NOTIFY MEDICAL EXAM.  21d. INJURY OCCURRED  WHILE NOT WHILE	196 CONDITIONS CONTRI  196 CONDITION  216. TIME OF INJI HOUR A.M. P.M.  21e. PLACE OF IN (AT HOME, STREET, FA	FOR WHICH OP  URY MONTH DAY  JURY CTORY, OFFICE, FARM eosed from	PERATION WAS PERFO  YEAR 19 21t. HOW IN 21f. LOCATIO	RMED JURY OCCURR	200 AUTOPSY?  YES NO ENTER NATURE OF INJ	20b. IF YE IN CERT Y IURY IN ITEM 18	ES, WERE FIND IFYING CAUSE YES  , PART 1 OR PART 2) COUNTY	INGS US S OF DE NO
18 shows ony injury, or		Cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAL  198 DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM- 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 220.1 certify that (1) (this head of the deceased alive)	196 CONDITIONS CONTRI  196 CONDITIONS  216. TIME OF INJI HOUR A.M. P.M.  216. PLACE OF INI (AT HOME, STREET, FA	FOR WHICH OP  URY MONTH DAY  JURY CTORY, OFFICE, FARM  eosed from	PERATION WAS PERFO  YEAR  19  21f. LOCATIC  STREET	RMED  JURY OCCURR  DN	200 AUTOPSY? YES NO CONTROL NO CO	20b. IF YE IN CERT Y IURY IN ITEM 18	ES, WERE FIND IFYING CAUSE VES	NO NO
If Hem 21 is marked or Hem 18 shows any injury, or		Cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAL  198 DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM- 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 220.1 certify that (1) (this head of the deceased alive)	I (c)	FOR WHICH OP  URY MONTH DAY  JURY CTORY, OFFICE, FARM  eosed from death.	PERATION WAS PERFO  YEAR  19  21f. HOW IN STREET  , ond that in (my)  DEGREE	JURY OCCURR  DN	200 AUTOPSY? YES NO CITY OR I	20b. IF YE IN CERT Y JURY IN ITEM IS	ES, WERE FIND IFYING CAUSE (ES	NO NO
Hem 21 is morked or Hem 18 shows ony injury, or		Cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAL  198 DATE OF OPERATION  218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICAL EXAMINE AT WORK AT WOR	196 CONDITIONS CONTRI  196 CONDITIONS  216. TIME OF INJI HOUR A.M. P.M.  21e. PLACE OF IN (AT HOME. STREET, FA cospital) attended the decee on 7-24 d nat) view the body after  Bandha	FOR WHICH OP  URY MONTH DAY  JURY CTORY, OFFICE, FARM  eosed from death.	PERATION WAS PERFO  YEAR  19  21f. HOW IN STREET  , ond that in (my)  DEGREE	JURY OCCURR  ON	YES NO CITY OR 1  AMÉDICAL ST.	20b. IF YI IN CERT Y IURY IN ITEM 18 OWN  2. 44 dote and ho	ES, WERE FIND IFYING CAUSE YES  COUNTY  COUNTY  22C. DAT	, that (II) the causes



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The low etained by the hospital or ottending physician

may be

STATE OF MARYLAND

1-	STATE REGISTRAR	DE		ICATE OF DEATH	REG. N	6-a .	
	CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH / DAY   YEAR	26. HOUR
(ITPE	Betty	ν.	J	ones	(	08/12/89	Y 10:25
3. SEX		RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YE	
	female	black	03	30 1909	75	YRS.	
	RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COU	NTRY? B.	D NEVER MARRIED		E COUNTY OF DEATH	
	Virginia	USA	WIDOWE	DIVORCED	Baltimo		MD.
)0. CI	TY OR FOWN OF DEATH	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV		OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O		D OF BUSINESS OR RY
1	Baltimore	Mercy	hospi-	tal	homem		Home
	AL RESIDENCE (IF NURSING HOME OR C	THER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Rt. 4 Box	7603 2114
	MDIA	1 Sev	exh	YES NO		ore RJ Sev	ern, Md.
I FA	ATHER'S NAME	IDDLE	ST g	15. MOTHER'S MAIDEN NAM	WE	0	LAST ,
/	John	1307	tchev	Hattie		Sin	ith
lón V	WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	VED FORCES?   16b SOCIA	L SECURITY NO.	17 INFORMANT		arien K Dr.	
	No.	227-1	8-1473B	Marvin E. Jon	nes Glen B	urnie, Mary	land
	18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one cause per line for (a),	1 0 1	•		BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
		CAUSE (a) hear	t fail.	ore.			
		DUE TO, OR AS A CON	SEQUENCE OF		1.	. 4	
	Canditions, if any, which gave rise to immediate	(b) term	ninal cl	ronic congain	Tire cardi	onyopally	
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	ISEQUENCE OF				
		(c)			,		
Z	PART 2. OTHER SIGNIFICANT CO	1			IN AL DISEASE OR CON	IDITION GIVEN IN PART	110
ATK	190 DATE OF OPERATION	196 CONDITION FOR		N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN	DINGS USED
IFIC					YES NO	IN CERTIFYING CAUS	SES OF DEATH?
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE			
	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONT	H DAY YEAR				
MEDICAL	21d. INJURY OCCURRED	21 a. PLACE OF INJURY		211 LOCATION	CITY OR TO	OWN COUNTY	STATE
M	WHILE NOT WHILE THE AT WORK	I AT HOME, STREET, FACTORY,	OFFICE, FARM ETC )	STREET	CITY OR TO	JWN COUNTY	STATE
	220.1 certify that (1) (this haspite	al) attended the deceased	from 8	17 19 84		112 19 84	_, that (1) (we) lost
	saw the deceased plive on above (L)(we) (did) (did not	8/ /2	01.	nd that in (my) (our) opinion (	deoth occurred an the d		
1	226. SIGNATURE	A PART OF THE COOK ATTER GOOTS		DEGREE		22s, DA	ATE SIGNED
	Par 2	las/1 137	2	ATTENDING PHYSICIAN	MEDICAL STA		1/2/84
	224. PHYSICIAN'S NAME (TYPE OR	1		220 ADDRESS		1.	11
	Paul D. (	Cardi M.	D.	Mercy hos	spital B	alt. MD	. 21202
	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
	(SPECIFY) Burial	8/16/1984	Arbutus	Memorial Park	C CITY OR TOWN	Baltimore,	Maryland
2 Ni	HTTELPIRESTER Sons	2501 Gwynns	Falls Pa	arkway 250. DAT	E REC'D BY REGISTRAF	256 REGISTRAR'S SIGN	VATURE SO
Fu	neral Home Inc.	Baltimore. I	Maryland	21216	MUU 1 0 19	84 Giria David	JOST WY

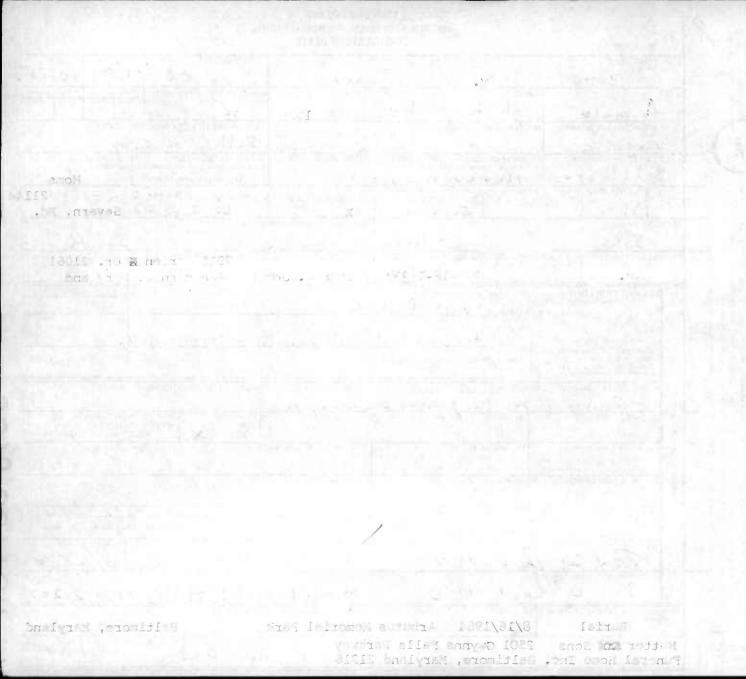
DHMH - 16 50M 4/82 (VRA 15, 4)

10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumatic event, it

MFCHTANT If them 21 is marked or them 18 stows any

Funeral Home Inc. Baltimore, Maryland 21216



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

BP.

DHMH - 16 50M 4/83

(VRA 15, 4)

24 FUNERAL DIRECTOR

Chas.

Rice FSPA

executed within 24 hours ofter death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filled within 72 hours oftwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

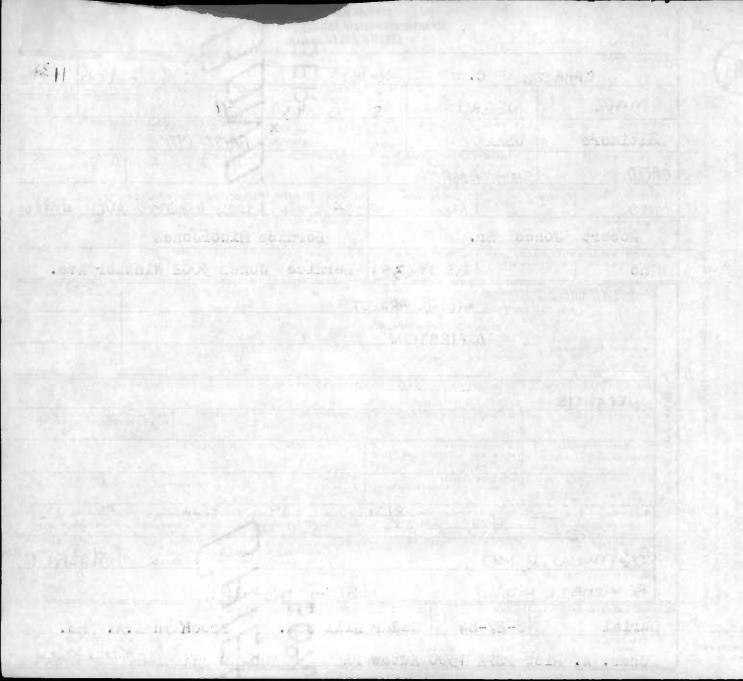
1				STATE	OF MA		
4	1-	FOR STATE	DEPARTN		CATE OF DEATH	TENE	0 0
	1.050	REGISTRAR	WIDDIE		ST DEATH	REG. NO. 7	DAY YEAR 126 HOUR
		OR PRINT)					130
	3. SEX	CHARLE	S C.	JON 5. DATE O		6. AGE (IN YEARS EAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
March.	J. SEA	MALE	NEGRO	MONTH	DAY		MONTHS DATS HOURS MIN.
	7a RIF		L CITIZEN OF WHAT COUNTRY?	8	3 43	9 BALTIMORE CITY OR COUNTY	OF DEATH
624		altimore	USA	MARRIED		BAITA CITY	MD.
P			11. NAME OF HOSPITAL, NURSIN	G HOME O		17a USUAL OCCUPATION	126 KIND OF BUSINESS OR
#/2	BA	CTD.	SINAL HORDITAL	ADDRESS)		TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
be	USUA 13a S		OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 134, CITY OR TOWN		124 INICIDE CITY HANDES	13e STREET ADDRESS / ZIP CODE	
35		ITD.	MD	N	YES NO [	3002 WINDSOR	AVE 21216
niner		THER'S NAME	AIDDIE LAST		15. MOTHER'S MAIDEN NAM		LAST
300		Robert Jon	ës Sr.		Bernice	MinorJones	[MSI
9	16a W	AS DECEASED EVER IN U.S. ARA	WALL COLD LATECT		17 INFORMANT	ADDRESS	
9 E		no nunknown) (# YES, GIVE	218-38-	353	Bernice 3	Jones 3002 Win	
event, the		DADT I DEATH WAS CALISED	y one couse per line for (o), (b), one	_			BETWEEN ONSET AND DEATH
		9170 IMMEDIATE	E CAUSE (0) CARDIAC	ARRES	51		
o to	1	1120	DUE TO, OR AS A CONSEQUE				
000		Conditions, if any, which gove rise to immediate	( b) ASPIRATION	N.			
other troumotic		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF			
,0,0	34	DART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO F	EATH BUT	NOT PELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 110
njo n	Z	LEPATITIS	ONDITIONS CONTRIBUTION OF TO	ZEATH OOT	NOT REPAILS TO THE TERM	THE DISEASE ON CONTINUE OF	
ony i	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
8 8	TIFIC	5 100 6 10 5 7					S NO
18 sho		710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
He H	EDICAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	in the second se	19			
6	AEDI	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM ETC )	21F LOCATION STREET	CITY OR TOWN	COUNTY STATE
Morked		AT WORK AT WORK		810.	Sel	8/00	- <del> </del>
E		220.1 certify that (1) (this hospital saw the deceased alive on	ol) oftended the deceased from	34 21	d that in (my) coursenings	, to	19, that (I) (we) lost
50		obove, (I) (we) did (did not			DEGREE	acom occorred on the dole one hou	22c. DATE SIGNED
= 2 = 2		Ptiming (	) un		ATTENDING _	MEDICAL STAFF	8 23 81 12 M
ANT.		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		PHYSICIAN _ 22e ADDRESS	DIRECTOR PHYSICIAN	1 0 40 8 14
MPORTANT: If the		2011-110	MD.		SINAL HOS	SPITAL	
W W	23a B	SURIAL, CREMATION, REMOVAL		NAME OF CI	EMETERY OR CREMATORY	23d LOCATION	
	1	Burial	8-27-84 C	edar	Hill Cem.	Brooklyn A	A Md

1300 Eutaw Pl

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ALICO Q 100A

Lilia Savidson Rendell



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	STATE REGISTRAR		CERTIFICA	ATE OF DEATH	REG. N	Ю.	
	Charles Charles	WIDDLE	Jones		26. DATE OF DEATH	30 84	FAR 26 HOUR 530 PM
3 SE)	la	4 RACE	5. DATE OF B	IRTH DAY YEAR 12 6		YRS.	DAYS HOURS MIN.
13	RTHPLACE ISTATE OR FORM DOWNING	76. CITIZEN OF WHAT CO	WIDOWED		1314C1	city	MD.
B	HLT, MORE	LOCK RAY	L, NURSING HOME OR C GIVE STREET ADDRESS) A H	OTHER INSTITUTION	12a USUAL OCCUPAT	OF WORKING LIFE) INDU	IND OF BUSINESS OR ISTRY
13a. S	AL RESIDENCE 115 NURSING HOME OR STATE MD 136. COUN	ITY 13c. CITY	ORJOWN 136	I. INSIDE CITY LIMITS	220 N. V.	20000	2/223
14. FA	Walter NAME	MIDDLE ON B.	<b>S</b> *AST	MOTHER'S MAIDEN	HIN CO	012	LAST
		MED FORCES? 166 SOC VE WARDENATES) 215		MILDRE	-o Woodle	11220	Nyonno
7	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA)		EPSIS			861	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ň	Conditions, if any, which	DUE TO, OR AS A C	ONSEQUENCE OF	NIA			3 DAYS
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A C	STASTATIO				3 mo
NOI	PART 2 OTHER SIGNIFICANT OF	DEMIA,	PADIAT	TON TH	ERMINAL DISEASE OR COM		
MEDICAL CERTIFICATION	5/25/84	196 CONDITION FO	WHICH OPERATION V	CINOUP	YES NO	20h. IF YES, WERE F IN CERTIFYING CA YES	FINDINGS USED AUSES OF DEATH? NO [
CAL CEI	218 A CIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MO	ONTH DAY YEAR		CURRED (ENTER NATURE OF INJ	URY IN ITEM IS PART I OR PA	WI 7)
MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUI (AT HOME STREET, FACTO		LOCATION STREET	CITY OF TO	OWN COUR	VIV STATE
	saw the deceased alive on above, (1) (we) (did) (did no	tal) attended the deceas	oth. 19 ond t		nian death occurred an the c		
(	226 SIGNATURE CUT	o fally	p und	ATTENDIN PHYSICIA		AFF Las	30 84
	EVE D.	Phillips	2	Uhn, of	MD Dep	t of Su	gary

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

24 EUMERAL DIRECTOR

FOR

poge 3

injury, ar other traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept; of Health and Mental Hygiene prior to burial, cremation, or removal.

O HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital ar attending physician MPORTANT: If Hem 21 is marked or Hem 18 shaws any

AL DIRECTOR

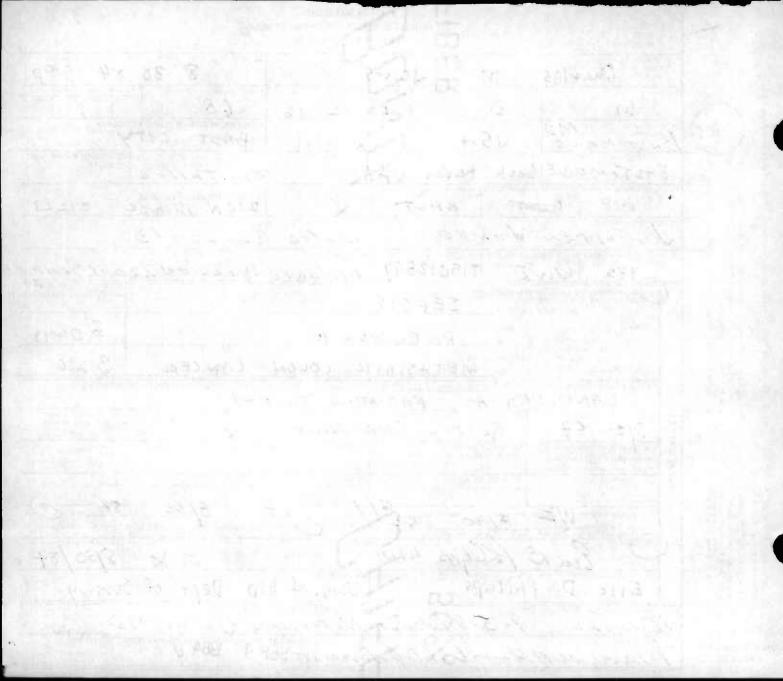
MANAGERIA AND BALTONA TOWN STATE

250. DATE RECID. BY REGISTRANS SIGNATURE

250. DATE RECID. BY REGISTRANS SIGNATURE

MANAGEMENT AND BOMES A SEPTEMBER SIGNATURE

MANAGEMENT AND BOMES AS SE



TO FUNERAL DIRECTOR, J shoold be detoched for see with the Store Dept, of Hea

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

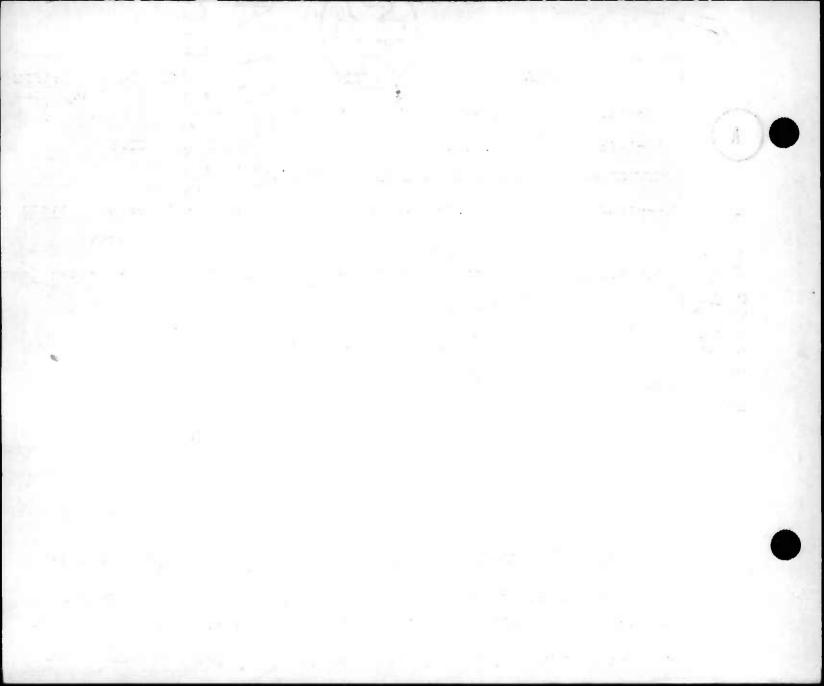
**CERTIFICATE OF DEATH** 

n	c	-	N.	0

	CEASED NAME FIRST DOPOT	hy Virginia	Jones	20	DATE OF DEATH	08 20	84	3:05pm
1 SE	Female	4 RACE Black	5. DATE OF BIRTH	1918	AGE (IN YEARS LAST BIRTHE	YRS.		IF UNDER 24 HRS HOURS MIN.
m	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED LI NEVE	R MARRIED U		20	Cite	MD.
炬	OLUMNOF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE  COTHER INSTITUTION OVE RESIDENCE BEFORE	(OSPITAL		THE OF WORK FOR MOST OF W	VORKING LIFE) IN	DUSTRY DO	3
130. 3	STATE argland BA	TISC CAY OR TOV	ORC YES [		STREET ADDRESS / Z	ZIP CODE	100	ale 3B
2		MED FORCES? 166. SOCIAL SEC	ington	Annie	ADDRES:	5	6:15	es
	(YES, NO OR UNKNOWN) (IF YES, GI	REWAR OR DATES)	·was JOA	non Jon	nes BA	Ho. P	nd-	2)207
	PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), a ED BY: TE CAUSE (o)		prane	prrest.		BETWEEN	INSET AND DEATH
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	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY? IN CERTIFY!  YES \( \text{VES} \)  YES						RE FINDIN	
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	saw the deceased alive an	ital) attended the deceased from 192 on 192	, and that in (m	ATTENDING	MEDICAL STAFF	2		
	Bedry Your	PRINTALLS VEVICE	22e ADDR		mes Hog	r	1	11
23a	BURIAL, CREMATION, REMOVAL	236 DATE 8-23-84 2	NAME OF CEMETERY O	PRETENTORY METERS	Lypsalle	Can	ill	md.
24 F	UNERAL DIRECTOR  NAME  Hary C	O. Haughtes	Sykesi	SO. DATE	G 2 2 1984	A RECHETRANS	PRESERV	Liffandell

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102.2 (Suid Canel 1984)	Aced Death Aced at the Aced		

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70. BII	female RTHPLACE (STATE OR FOREIGN OUNTRY)	4. RACE	1,5	J	ONTEG				
70. BII	female RTHPLACE (STATE OR FOREIGN OUNTRY)		1.5		ONES	1 0	08 14	84	8:15
Vi	RTHPLACE (STATE OR FOREIGN	b1a		DATE OF	BIRTH	6. AGE (IN YEARSH AST BIRTHD	AY) IF UNDER	TYEAR	IF UNDER 24 HRS
Vi	RTHPLACE (STATE OR FOREIGN		ck	MONTH 1	1 O 1	-84	MONTHS .	DAYS	HOURS MIN.
Vi		76 CITIZEN OF WI	HAT COUNTRY? 8		☐ NEVER MARRIED ☐	9 BALTIMORE CITY OR		ATH	
10 CI	rginia	U.S		MARRIED WIDOWED		BALTIMORE	CITY	•	M
R	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING	DRESS)	OTHER INSTITUTION	12a. USUAL OCCUPATION		KIND OF USTRY	BUSINESS OF
	ALTIMORE  LESIDENCE IF NURSING HOME				S HOSPITAL				
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	FIRST	WIDDLE	LAST		FIRST	MIDDLE	m .1	I AST	
16a W	AS DECEASED EVER IN U.S.	ARMED FORCES?	b. SOCIAL SECURIT	TY NO.		ADDRESS		LUUS	<i>i</i>
(Y	ES, NO OR UNKNOWN) (IF YES,	CIVE WAR OR DATEST				nke 2121 W	indear	Gar	rden I
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	IMMED	DUE TO, OR AS A CONSEQUENCE OF hich (16) Sepsis - 9 and remons (4) (eg							how
	Conditions if any which								nanthi
203	gove rise to immediate	(b)	1	)	was to any				V-37011G
	underlying cause lost.	DUE TO, OR A	SA CONSEQUENCE	SE OF	De diverce			5 .	nlene
Mic.	PART 2. OTHER SIGNIFICAN	CONDITIONS CON	TRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN P	ART 110	
0	,								
KA	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OF	PERATION	WAS PERFORMED	20a AUTOPSY? 2	0b. IF YES, WERE N CERTIFYING C	FINDING AUSES	GS USED OF DEATH?
RTIF						YES NO	YES 🗌		NO 🗌
				YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IF	NITEM IS PART TORP	PART 2)	
ICAI	(IF EITHER NOTIFY MEDICAL EXAMI	P.M.		19					
WED		21e. PLACE OF	FINJURY I, FACTORY, OFFICE, FARA	w &1C)	211 LOCATION STREET	CITY OR TOWN	COL	INTY	STATE
	AT WORK AT WORK			- +8				,	
	, ,					,			hot(1)(we) lo
		not) view the body at	ter deoth.			death occurred on the date			
	22b. SIGNATURE	1 - (	)			MEDICAL STAGE	220	DATES	SIGNED
	Daniel	5 Aux	WI.	U,	PHYSICIAN [	DIRECTOR   PHYSICIAL	M2	8/19	4/84
		_	,		22e ADDRESS				
	DANIEL	E. FOR	0		JOHNS HOPK	INS HOSPITAL	BAC	DMU	ME ML
23a. B	URIAL, CREMATION, REMOV.	AL 236. DATE	23c. NA	ME OF CE	METERY OR CREMATORY	23d LOCATION	COUNT	v	
ł	TUKLAL	8/20/	84 Bal	to.N	ational Cen	m Baltimor	e,	,	. bm
	MEDICAL CERTIFICATION WE BY 1912	16d. WAS DECEASED EVER IN U.S. A  (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU    MMEDI    Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.    PART 2. OTHER SIGNIFICAN    PART 2. OTHER SIGNIFICAN    PART 2. OTHER SIGNIFICAN    PART 2. OTHER SIGNIFICAN    OR CONTRIBUTING   CAUSE OF DEATH ON THE CAUSE OF	16a, WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN)  Unknown  18 CAUSE OF DEATH IEnter only one couse per lir  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CON  19a DATE OF OPERATION  19b CONDITION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMINER)  21d. PLACE OF (AT HOME, STREET AT WORK  22d. PHYSICIAN'S NAME (TYPE OR PRINT)  DANIEL F. FORCE  23a. BURIAL, CREMATION, REMOVAL BYENIAL, CREMATION, REMOVAL BYENIAL  23b. DATE 8 / 20 /	16a, WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN)  Unknown  18 CAUSE OF DEATH IEnter only one couse per line for 101, (b), and 11 PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUEN  Conditions, if ony, which gove rise to immediate couse (b), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE  190 DATE OF OPERATION  190 CONDITION FOR WHICH OR PRINTING OR CONTRIBUTING TO DE  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DE  21b. TIME OF INJURY  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21b. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARIATION, OFFICE	16. FATHER'S NAME FIRST  MIDDLE  LAST  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)  Unknown  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION  190 CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERLYING NOTHY MEDICAL EXAMINER)  2110. INJURY OCCURRED WHITE NOTHY MEDICAL EXAMINER)  2120. I certify that (i) (his hospital) attended the deceased from sow the deceased office on obove. (i) we) (did) (did not) view the body after death.  2220. PHYSICIAN'S NAME (TYPE OR PRINT)  DANTELE. FORD  230. BURIAL, CREMATION, REMOVAL BYLIAL CREMATICS BYLIAL CREMATION BYLIAL CREMATION BYLIAL CREMATICS BYLIAL CREMATICS BYLIAL CREMATIC	18. MOTHER'S MAIDEN NAME FIRST   15. MOTHER'S MAIDEN NAME FIRST   16. MOTHER'S MAIDEN NAME FIRST   16. MOTHER'S MAIDEN NAME FIRST   17. INFORMANT   17. INFORMANT   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)   19. PART I. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (a)   Responsibility of the underlying couse   10. Information   18. CAUSE OF DEATH   18. CONSEQUENCE OF   18. ACCORDING TO BE A CONSEQUENCE OF   18. ACCORDING TO BE A CONSEQUENCE OF   19. DEATH   19. CONDITION FOR WHICH OPERATION WAS PERFORMED   19. DEATH   19. CONDITION FOR WHICH OPERATION WAS PERFORMED   19. CONDITION STREET   19. MOTHER HEIGHT   19. MOTHER HEIGH	I. FATHER'S NAME   MODIE   LAST   I.S. MOTHER'S MAIDEN NAME   Amanda   MODIE	15. MOTHER'S NAME   15. MOTHER'S MAIDEN NAME   16. MODIE   16. M	15. MOTHER'S MANNE   15. MOTHER'S MAIDLEN NAME   16. MODIE   17. MOTHER   16. MODIE   17. MODIES   17. M



#### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH (TYPE OR PRINT) JONE S AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4. RACE 5. DATE OF BIRTH YEAR MALE BLACK To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** NEVER MARRIED MARRIED Maryland IO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Key Medical Center Laborer 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS ZIP CODE filled ould b MIDDLE LAST MIDDLE Fred Jones Helen ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Yes WWII Mrs. Sarah Jones Same as #13 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY monnia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED 718 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OF LOWN STREET AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death DEGREE \* ATTENDING MEDICAL STAFF

YEAR

IF UNDER 1 YEAR

INDUSTRY

Cornish

COUNTY

22c DATE SIGNED

25 HOUR

126 KIND OF BUE INESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

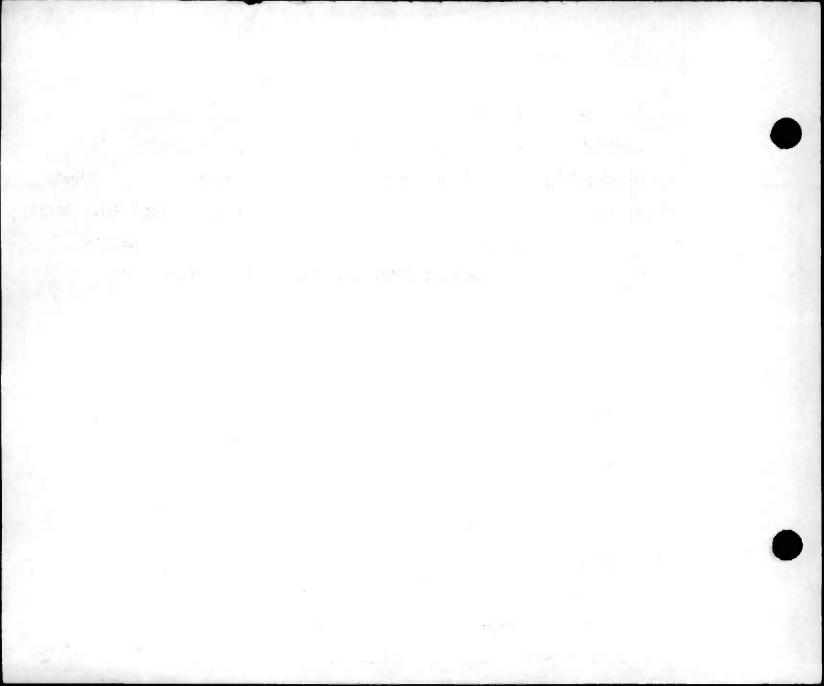
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21213

Chemical

hould be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN Removal 8/17/84 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 1. Pia Davidson Randall Anatomy Board Balto., Md. (VRA 15, 4)



TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELIVED EXECUTE THE CERTIFICATE, WRITHING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1. AND 31 OF HE PAGES 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3 REFLAIN PAGE TO PURCHAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURRAL. TRANSIT PERMIT. PAGES 1. AND 3 SHOULD BE THE PAGES 1. AND 3 SHOULD BE USED AS A BURRAL. TRANSIT PERMIT. PAGES 1. AND 3 SHOULD BE THE PAGES 1. AND 3 SHOULD BE
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5	1-5	FOR STATE REGISTRAR		MI		MENT OF	HEALTH	ARYLAND AND MENTAL H ERTIFICATE O		2 1 REC	114 3. NO.	97	-
		EASED NAME	FIRST		MIDDLF			LAST	20.	DATE KNOW	N X MON	ITH DAY	YEAR 25. HOUR
Masse:	( I YPE	OR PRINT)	LEROY	7	R.		JO	NES		OF ESTI-	8 🗆 0	19 19	84 M
A SE SE	3. SEX	4 RAG	Œ	5. DATE OF BIRTH	1	6. AGE (IN YEA		DER T YR. IF UNDER		DATE	MON		YFAR 24 HOUR
(SEE SEE	m	ale   h	lack	7 2	40	44 YR	MOINT	S DAYS HOURS	MIN PRO	DEAD	8	19 19	84 7:30 M
る。主ちない		THPLACE (STATE OR		76. CITIZEN OF V		NTRY?	8. MARRI	ED X NEVER MARR	9 B	ALTIMORE CI	ITY OR CO	UNTY OF DEA	
DE SECOND		aryland		U.S	. A .		WIDOW			Baltimo	re Ci	tv	MD.
JU-BARRS	10. CII	Y OR TOWN OF DE	ATH	II. NAME OF HO	SPITAL, NO		, OR OTH	ER INSTITUTION	T2a. USUAL		TYPE OF WO	RK 12b. KIND C	OF BUSINESS DUSTRY
FER HANDY	R:	altimore			Provident Hospital								JUSTKT
ZONE ZONE		L RESIDENCE (IF IN N	URSING HOME OF	OTHER INSTITUTION,	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION]  136. CITY OR TOWN  136. INSIDE (ITY LIMITS)  136. STREET ADDRESS								
A SECTION		arvland	138. COONT	196	Baltimore YES X NO 4407 V					a Ave	nue :	21207	
Town S S	14. FATHER'S NAME			MIDDLE	IS MOTI			TS. MOTHER'S MAID		MIDDLE		1AST	
E SE SE	Leroy			WIDDLE	Jo	nes		Louise			otist	e Thor	nas
N N N N N N N N N N N N N N N N N N N	160 W	AS DECEASED EVE				CIAL SECURITY	Y NO.	17. INFORMANT			RESS	21101	ild D
JIRS AFTER 3. GIVE PA WITH FOR I. PAGES DIVISION		S, NO, OR UNKNOWN)	(IF YES, GIVE V	YAR OR DATES	220	1 36 7	126	Jerristi	ne Jo	nes 44	107 V	esta A	venue
		18 CAUSE OF DEA										APPRO	XIMATE INTERVAL
EN JERNING AL.		PART I DEATH V	VAS CAUSED	BY: PECALISE (a) P	erito	neal he	morrh	nage compli	icatino	surge	ry	Briwern	ONSET AND DEATH
AZ ZA Z			INVIEDIAL			NSEOUENCE (							
THIN 24 H		Conditions, if gove rise to		(b)									
SE LE SE	2	cause (a) statin	g the under-	<	RASACO	NSEQUENCE (	OF						
ON,	100	lying cause last		(c)									
HOULD BE EXECUTED WERD "PENDING" IN FRIEF MEDICAL EXA BURILL OF HEALTH AND MERICAL CREMATION,	N	PART 2 OTHER SIGNIFICA	NT CONDITIONS C		H BUT NOT REL	ATED TO THE TERM	INAL OISEASE	OR CONDITION GIVEN IN PA	ART 1 Io				
PENCE ALL CRE	MEDICAL CERTIFICATION	190 DATE OF OPER					ATION W	AS PERFORMED?				20 AUTO	OPSY?
RD "PI RD "PI HIEF / USED OF HE IRIAL,	FFC	2-14-8 7-11-8	4			ectomy	+ :	vetovi bro	nah			YES	<b>√</b> NO □
A SENTENT	ERT	210 EXTERNAL CAL	JSE WAS	216 TIME	OF INJURY		21c. HC	ertery bran	ED (ENTERNATU	RF OF INJURY IN IT	EM 18 PART 1 C		76. NO L
SET OUT THE V	ALC	UNDERLYING CONTRIBUTING	OR CAUSE OF D			DAY YEAR							
CERTIFICATE S TING THE WO DED TO THE O 3 SHOULD BE DEPARTMENT	EDIC	214 INTURY OCCUI	DRED	21e PLACE	OF INJUR	Y (AT HOME,		CATION					
WRITE WARDE PAGE 3 1ATE D 21201	M	WHILE NO.	WHILE [	STREET, FA	CTORY, FARM,	ETC.]	5	IRFFT	Ci	IY OR TOWN		COUNTY	STATE
	C	THE CONTRACT OF STREET	-	of the remains d	nut had ab	ove held as	Autops	y X Inspection	nn   1	nguiry .	and in m	y opinian	
EXAMNER: CERTIFICATE UDIR ECTOR: I DIRECTOR: I WITH THE SARRYLAND,		death resulted from	11 6	d courses X	Accident		Aide	Hamicide ,		ined manner		yopinan	
RECENT NEWS	1.5	1	VV.	ntooner was	A Colden		Lioe L		Ongelermi	inea mainter (	٠		
W. V.		ACTUAL SIGNATURE	un	MOUN	19	mes.	1 "	Deputy C	hief	L EXAMINER	DA	TE 8-20	-84
SE S	4	301111111			-	1		U.	MEDICA	LEAAMINEK	SK	JNEU	
PER		EXAMINER'S NAME (TYPE OR PRINT)	Thoma	as D. Sm	ith, I	M.D.	4	ADDRESS 111 P	enn St.	., Balt	O., M	d. 212	201
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BAGE TO FUNERAL DIRECT AFTER DEATH, WITH TI BALTMORE, MARYLA		JRIAL, CREMATION,	REMOVAL 23	b. DATE	236	NAME OF CEA	-		23d LOCA			COUNTY	STATE
BP	(2	BURIAL	15	8/24/8	4 V	Voodla	wn C	emetery	Bal	timore			Md
DHMH - 17	24. FL	INERAL DIRECTOR		ADDRE						GISTRAR 25b		P. SIGNATION	No market
(VR A15 ME (5))	Wm	C March	F/H	Inc. 1	101 1	E Nort	h Av	enue M	UG 21	1984	CENTER KING	Se Landon	b-
20M 4/82								A	10.00				

and completely filled in by the funeral director, page 3 ages 1 and 2 should be filed within 72 hours after death

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cai should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumatic event, the

IMPORTANT: If Hem 21 is marked at Hem 18 shows any

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

death. Page 4 may be

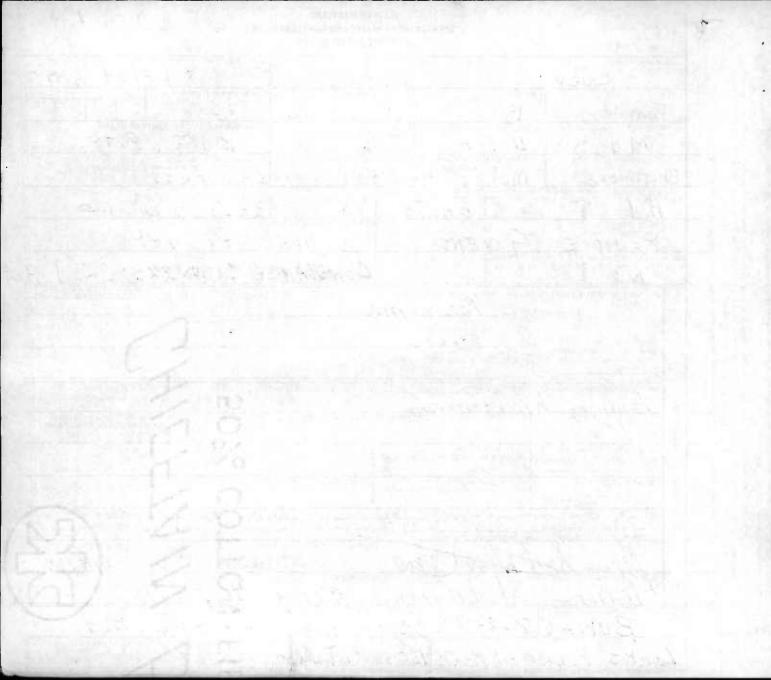
within 24 hours after

executed

# STATE OF MARYLAND

1-	FOR STATE REGISTRAR	DEPA	CERTIFICATE OF		ENES 4	0.	* 3		
	CEASED NAME FIRST OR PRINT) LUCY	MIDDLE	JONES 15. DATE OF BIRTH	5	20. DATE OF DEATH	MONTH DAY	84 JINDER I YEAR	26. HOUR 9:45	A
	Female	B	OI 30	YEAR	82	YRS.	INS DAYS	HOURS MIN	
	RTHPLACE (STATE OR FOREIGN	11. S. A	MARRIED   NEVE	R MARRIED .	9. BALTIMORE CITY O	To , E	TY	,	MD.
B	ALTIMORS	11. NAME OF HOSPITAL, NU INFNOT IN SUCH FACILITY, GIVES MERCV		ASTITUTION	120 USUAL OCCUPAT TYPE OF WORK FOR MOST OF		12b. KIND OI INDUSTRY	F BUSINESS C	)R
13a. S	AL RESIDENCE (IF NURSING HOME O TATE 13b. COU		LIO YES YES	NO 🗌	13e. STREET ADDRESS	Peril	art	1218	
	RONNIE	MIDDLE GIVENS	W	FIRST E	Phiddle	der	LAST		
	VAS DECEASED ÉVER IN U.S. AI (ES, NO DR UNKNOWN) (IF YES, GI	RMED FORCES?   16b. SOCIAL S	SECURITY NO. 17 INFORM	MANTAINC	E Brann	1225	OCE	cil	AVI
	PART I. DEATH WAS CAUSI	nly one couse per line for (o), (b ED BY: TE CAUSE (o)	nonia.				BETWEEN	MATE INTERVAL INSET AND DEAT	н
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 20 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE	EQUENCE OF	IED TO THE TERMI	NAL DISFASE OR CON	IDITION GIVEN	IN PART 1(a		_
CERTIFICATION	Angina.	hypertensin			200 AUTOPSY?  YES NO	20b. IF YES, W IN CERTIFY IN YES [	VERE FINDIN	IGS USED	-
MEDICAL CER	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	HOUR A.M. MONTH		INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)		
MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	ATION REET	CITY OR TO	OWN	COUNTY	STATE	
	saw the deceased alive or about 1) (we) (did) (did)	ital) attended the deceased from 18, 18, 18, 18, 18, 18, 18, 18, 18, 18,	9 84 , and that in (m	ny) (our) opinion d	eoth occurred on the d		nd from the o		ost
	214 SIGNATURE	MAN	DEGREE	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF CIAN D	22c. DATE S	8/89	
	Dorian	5/Stm	artin 1200 ADDR	nevoy	Hospi	tal			
- 0	HIRIAL CREMATION REMOVAL	8-23-84	CEDAR	HIII	A A GO CATION	inly,	ma	/ STATE	
24 FL	OCKS FUN	ERALHONE	55 1304n. Cen	Transfer MIC	REC'D. BY REGISTRAR	250 REGISTRA	CADY -	IRE	

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)



HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag

retained by the hospital or ottending physician.

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

11	- STATE REGISTRAR		CERTIFIC	ATE OF DEAT	Н	REG. N	б.:и О.		
	ECEASED NAME FRST	MIDDLE	LAS1			O DATE OF DEATH	MONIH	DAY YEAR	26 HOUR
("	Lucy	P.	Jones	S				1984	3:35A M
3. 9	EX	4. RACE	5. DATE OF		EAR 6	AGE (IN YEARS LAST BIR	THDAY	MONTHS DAYS	IF UNDER 24 HRS
	Female	Black	8		900	83	YRS	MOITING DATS	HOOKS MIN.
7a.	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTE	RY? 8.	7	9	BALTIMORE CITY	R COUNT	Y OF DEATH	
	Virginia	U. S. A.	WIDOWED	NEVER MARR		Baltimo	re Ci	tu	MD.
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR				20 USUAL OCCUPAT			OF BUSINESS OR
	Baltimore	Maryland Ge	REET ADDRESS)		1	(TYPE OF WORK FOR MOST O			Family
U.S.	UAL RESIDENCE (IF NURSING HOME OF			Id. INSIDE CITY LI	MITS2 1	3e.STREET ADDRESS	/ ZIP COD	301 McM	Mechan St.
	Maryland	Baltimo		YES NO		Apt. 810 B	altin	nore. Md	21217
_	FATHER'S NAME			MOTHER'S MAI				W . C . 110	
	Thomas	MIDDLE LAST Perk	ine	Minn	10	MIDDLE		Robin	ST
11/2	WAS DECEASED EVER IN U.S. A			7. INFORMANT	Te	ADDR	ESS .		ISON
100		IVE WAR OR DATES)				4558 Th			
	No.	195-26-	-8628 J	eanette	Booke	r Baltimo	re, M	daryland	21215
Г	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one cause per line for (a), (b),	, and Ici. I					BETWEEN	NIMATE INTERVAL ONSET AND DEATH
		ATE CAUSE (0) Cardio	genic Sh	ock				36 1	Hours
	New York Line Street	DUE TO, OR AS A CONSE	OHENCE OF						
1	Conditions, if ony, which		Myocardi	al Infar	ction			72 1	Hours
1	gove rise to immediate cause (a), stating the								
	underlying couse lost.	DUE TO, OR AS A CONSE	tory Ven	4 m 2 m 2 7 m	ma ah:			48 F	Hours
	DART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	1000				DITION C	IVENI INI DADI N	
Z		CONDITIONS CONTRIBUTION	TO DEATH BOTTO	OT RELATED TO T	THE TERMIN	THE DISEASE ON CON	DITION OF	TVERVICE TO	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	)	200 AUTOPSY?		ES, WERE FINDI	
1 2						YES TO NOTE		IFYING CAUSES	S OF DEATH?
- 12	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	13	IL HOW IN HIPY	OCCUPPE	D (ENTER NATURE OF INJU			140 []
					OCCORRE	CENTER NATURE OF INJU	KT HATIEM IS	PART CAPARTE	
\ \d	(IF EITHER, NOTIFY MEDICAL EXAMIN		19						
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF)		III LOCATION STREET		CITY OF TO	)WN	COUNTY	STATE
~	WHILE NOT WHILE AT WORK								
	220 1 certify that X (this has	pital) attended the deceased fro	m_July	19, 19	84	, to August	6	19_84	that XII (we) last
	sow the deceased alive a	August 6	9 <u>84</u> , ond	that in (🐠) (aur)	opinion de	eath occurred on the d	ote and ha	our and from the	couses stated
	22h. SIGNATURE	(Xt) view the body after death.	DE	GREE				22c. DATE	ESIGNED
	Barbar	a & serk	e	ATTEN		MEDICAL STA		0/	2/50/
-	COL DUVEIGLANIS ALAMS		1.	PHYS 72e ADDRESS	ICIAN [	DIRECTOR   PHYSI	CIANLY	0/	7/07
	224. PHYSICIAN'S NAME (TYPE			126 ADDRESS				1	
	Barbara B.	Sanford, M.D.		C/O Mar	yland	General H	lospit	tal	
230	BURIAL, CREMATION, REMOVA	L 23b. DATE 2	3c. NAME OF CEA	AETERY OR CREM	ATORY	234 LOCATION		COUNTY	STATE
	(SPECIFY) Burial	8/11/1984	Arbutus I	Memorial	Park	CHIOKIOWN	Balt		Maryland
24	NUTEL DIRECTOSONS	2501 Gwynns F				REC'D. BY REGISTRAF			
	uneral Home Inc.				-61	IN E MAY	· dist	a Davidsor	-Randa DO
-	diezaz nome zne	Dar ormored 140	alamin E.		1		1	and to see the fine	11-11-0-0

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fune of director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours aftimely the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

Then please removes to buriol, cremoval.
rio buriol, cremotion, or removal.
injury, or ather troumotic event, the medical exor

IMPORTANT: If them 21 is morked or them 18 shows ony

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STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CALLOIL	LATI	REG. NO.			
1 DECEASED NAME FIRST	MIDDLE	LA	151		20 DATE OF DEATH MONTH	DAY	YEAR	26 HOUR
MYRT:	LE ELIZABETH	l J	ONES		08	24	84	7:00A M
3 SEX	4 RACE	S. DATE O		YEA"	6. AGE   IN YEARS LAST BIRTHDAY)	MONTHS	ER I YEAR	IF UNDER 24 HRS
FEMALE	WHITE	08	05	02	82 YR			
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTI	RY? 8	NEVER /	MARRIED	9 BALTIMORE CITY OR COU	NTY OF DE	EATH	
NORTH CAROLINA	U.S.A.	WIDOWE		VORCED [	BALTIMORE CI	TY		MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI		R OTHER INS	HITUTION	120 USUAL OCCUPATION		KIND O	F BUSINESS OR
BALTIMORE	ST. AGNES H		- E.R		NURSE			SPITAL
USUAL RESIDENCE (IF NURSING HOME O 13a. STATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BE	EFORE ADMISSION)	13d. INSIDE C	_	13e.STREET ADDRESS / ZIP C	ODE		
MARYLAND -	BALTI		YES 😿	NO 🗌	2643 HAFER ST		212	223
14 FATHER'S NAME	MIDDLE LAST		15. MOTHER"	S MAIDEN NAM	AE MIDDLE		LAS	.T
THOMAS	A. MICHA	ELS	CE	LESTE	Missel			IDERS
160 WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SI	ECURITY NO.	17 INFORMA	NT	ADDRESS			
NO NO OR ORKNOWN) (IF TES, GI	220-22	2-8996	GEOR	GE ELMEI	R JONES 2643			
18 CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b)	, and (chi		^				MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAUSE	TE CAUSE (D) CERER	BROVAS	CULAR	Occ	LUSION		3	HR
	DUE TO, OR AS A CONSE	OUENCE OF						
Conditions, if ony, which	( (b) ARTER	R1050 CG	Rosi-	5				
gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF						
underlying couse lost.	(c)							
	CONDITIONS CONTRIBUTING							0
DIABETE	S MELLITUS				ARCINOMA OF			
DIASETE  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [	196 CONDITION FOR WH	ICH OPERATION	WAS PERFO	RMED		YES, WER		OF DEATH?
THE LEGISLATION OF THE PERSON					YES NO	YES 🗌		NO 🗌
On convenience Convert or no		DAY YEAR	21c HOW IN	IJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OF	R PART 2)	
TIF EITHER NOTIFY MEDICAL EXAMINE		19						
OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	210 PLACE OF INJURY	ICE FARM, ETC 1	211 LOCATION STREET		CITY OR TOWN	c(	OUNIY	STATE
AT WORK NOT WHITE			15					
220 Certify that (I) (mis income	ital ottended the deceased fro	4 4	8 5	19 8 7	10 AUG 24	19	9_	that (I) (Ne) last
sow the deceased alive of	ot, view the bady after death.	9 <b>69</b> , on	d that in (my)	on opinion d	leath occurred on the date and	hour and	from the	causes stated
226. SIGNATURE			DEGREE			2	2c. DATE	SIGNED
Worlday.	alt, no			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN		8/2	4/89
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRES	iS				
WALTER J. AL	T, M,D		301	MARYDE	LL ROAD, 212	29		
230 BURIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR	CREMATORY	23d LOCATION	CON	NIY	STATE
BURIAL	08-27-84	MEADOWF		EM. PK.	ELKRIDGE , HO	WARD	MAI	RYLAND
24 FUNERAL DIRECTOR	ADDRE	55	21229	25% 716	REG DAY REGISTRARYS A REG	FISTER	PANA	OPPO DE
HUBBARD FUNERAL	HOME, INC. 410	7 WILKEN	IS AVE.	700	דעבו ו שי			-

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and ci should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

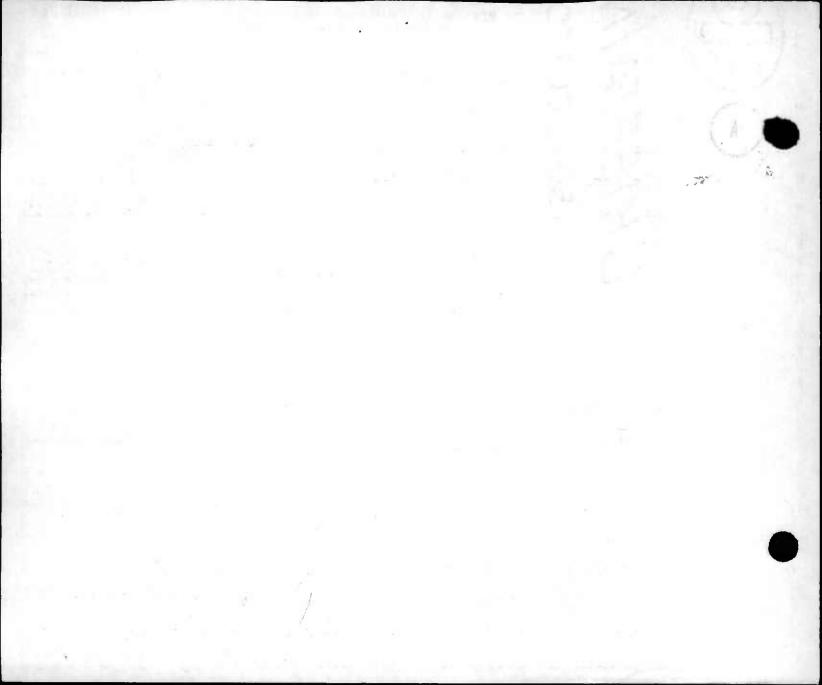
injury, or ather traumatic event, the

IMPORTANT: If them 21 is marked ar Item 18 shaws ony

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	e	o de o	10
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages , Yand 2 should be filled will with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Irem 2 I is morked or Irem 18 shows any injury, or other troumotic event, the medical each
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	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST  YPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	is moon
	SAMUEL	M	JONES	8 2 84	
3.5	SEX	4 RACE	5. DATE OF BIRTH  MONTH GAY YEAR	MOM	UNDER TYEAR IF UNDER 24 H
0	Male	Black	5 15 20		
7 /a.	BIRTHPLACE   STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED LA NEVER MARRIED	BALTIMORE CITY OR COUNTY OF	PUEATH
	Georgia CITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED  URSING HOME OR OTHER INSTITUTION	BALTIMORE, CITY	126 KIND OF BUSINESS
2/	Baltimore	VAMC, BALTIM	STREET ADDRESS) ORE, MD. 21218		INDUSTRY
US 13	UAL RESIDENCE (IF NURSING HO)	ME OR OTHER INSTITUTION GIVE RESIDENCE OUNTY 136. CITY OF	BEFORE ADMISSION) R TOWN 134 INSIDE CITY LIMITS	S? 13e.STREET ADDRESS / ZIP CODE	
2.1	Maryland		timore YES 🕏 NO 🗆	758 W. Fayette	e St. 2120
14.	FATHER'S NAME	MIDDLE LAS	15. MOTHER'S MAIDEN	NAME	LAS1
1	Lawrence	Mackler		a	Jones
160	WAS DECEASED EVER IN U.S	S. GIVE WAR OR DATES!	SECURITY NO. 17 INFORMANT	ADDRE Brook.	lyn, N.Y.
L	YES		Jerome An	derson 315 Sutter	r Ave 1121
	18. CAUSE OF DEATH (Ente	er anly one cause per line for (a), (			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	PART I. DEATH WAS CA	DIATE CAUSE 10) Pulm	onary Embolism		
		DUE TO, OR AS A CONS	Art de la companya de		
1	Conditions, if any, which		terio scleros is		
	gave rise to immediate	(0)	Tel 10 de le 10 -		
		a Source on academ	SEQUENCE OF		
	couse (o), stoting the underlying cause lost	DOE TO, ON HO H COIN	SEOUENCE OF		
	underlying cause last	(c)		TERMINAL DISEASE OR CONDITION GIVEN	IN PART Ira
Z	underlying cause last	(c)	G TO DEATH BUT NOT RELATED TO THE		IN PART Ita
ATION	underlying cause last	nt conditions <u>contributing</u>		Pror to death	VERE FINDINGS USED
HEICATION	underlying cause last	nt conditions <u>contributing</u>	GTO DEATH BUT NOT RELATED TO THE	Pror to death	VERE FINDINGS USED NG CAUSES OF DEATH?
A STIESCATION	underlying cause last	NT CONDITIONS CONTRIBUTING  TELMONECTOM  196 CONDITION FOR Y  LUNC C	G TO DEATH BUT NOT RELATED TO THE TO	Prior to death  1200 AUTOPSY? 200. IF YES, W IN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH? NO
AI CERTIFICATION	PART 2 OTHER SIGNIFICA  5/P P P  19a DATE OF OPERATION  7 3 1 - 8 5  71a. ACCIDENT WAS UNDERLYING	NT CONDITIONS CONTRIBUTING  PERMONECTO M  196 CONDITION FOR Y  LUNG C  G   716 TIME OF INJURY HOUR A.M. MONTH	G TO DEATH BUT NOT RELATED TO THE TO	Pror to death  200 AUTOPSY?  YES NO YES:	VERE FINDINGS USED NG CAUSES OF DEATH? NO
	PART 2 OTHER SIGNIFICA  5/P P P  19a DATE OF OPERATION  7 3 1 - 8 5  71a. ACCIDENT WAS UNDERLYING	NT CONDITIONS CONTRIBUTING  PERSON PECTON  196 CONDITION FOR M  196 PLACE OF INJURY	G TO DEATH BUT NOT RELATED TO THE TO	200 AUTOPSY? 206. IF YES, WIN CERTIFYIN YES NO YES CURRED (ENTER NATURE OF INJURY IN ITEM IS PART	VERE FINDINGS USED NG CAUSES OF DEATH? NO 1
MEDICAL CERTIFICATION	UNDERLYING COUSE LOSS  PART 2 OTHER SIGNIFICA  S/P P P  19a DATE OF OPERATION  T 3   - 8  71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CAUSE (IF EITHER, NOTEY MEDICALE CAUSE  TID. INJURY OCCURRED  WHILE NOTEY MEDICALE  WHILE NOTEY MEDIC	NT CONDITIONS CONTRIBUTING  196 CONDITION FOR Y  197 CONDITION FOR Y  198 CONDITION FOR Y  19	G TO DEATH BUT NOT RELATED TO THE TO	Pror to death  200 AUTOPSY?  YES NO YES:	VERE FINDINGS USED NG CAUSES OF DEATH? NO
	UNDERLYING COUSE LOSS  PART 2 OTHER SIGNIFICA  S/P P P P P P P P P P P P P P P P P P P	NT CONDITIONS CONTRIBUTING  PROPERTY OF THE PR	G TO DEATH BUT NOT RELATED TO THE TO	200 AUTOPSY? 206. IF YES, WIN CERTIFYIN YES NO YES CURRED (ENTER NATURE OF INJURY IN ITEM IS PART	VERE FINDINGS USED NG CAUSES OF DEATH? NO 1 1 OR PART ?]
	Underlying couse lost  PART 2 OTHER SIGNIFICA  S/P P OF  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C  (IF EITHER, NOTHY MEDICAL EXAL  21d. INJURY OCCURRED  WHITE NOT WHITE AT WORK  22a.I certify that M (this h	IC)  NT CONDITIONS CONTRIBUTING  PRIMA PETO MY  196 CONDITION FOR Y  197 CONDITION FOR Y  198	G TO DEATH BUT NOT RELATED TO THE TO	200 AUTOPSY? 206 IF YES, WIN CERTIFYIN YES NO YES TO CURRED (ENTER NATURE OF INJURY IN ITEM IS PART	VERE FINDINGS USED NG CAUSES OF DEATH? NO 10R PART 2)  COUNTY STATE
	Underlying couse loss  PART 2 OTHER SIGNIFICA  5/P P P P P P P P P P P P P P P P P P P	NT CONDITIONS CONTRIBUTING  PROPERTY OF THE PR	GTO DEATH BUT NOT RELATED TO THE TO T	200 AUTOPSY? 206. IF YES, WIN CERTIFYIN YES NO YES CURRED (ENTER NATURE OF INJURY IN ITEM IS PART	VERE FINDINGS USED NG CAUSES OF DEATH? NO 100 PART ?]  COUNTY STATE  84 , that Xi (we) and from the causes stated
	Underlying couse lost  PART 2 OTHER SIGNIFICA  S/P P OF  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C  (IF EITHER, NOTHY MEDICAL EXAL  21d. INJURY OCCURRED  WHITE NOT WHITE AT WORK  22a.I certify that M (this h	IC)  NT CONDITIONS CONTRIBUTING  PRIMA PETO MY  196 CONDITION FOR Y  197 CONDITION FOR Y  198	TO DEATH BUT NOT RELATED TO THE TO TH	CURRED (ENTER NATURE OF MUJURY IN ITEM TS. PART  CITY OR TOWN  10 8/2 19.  nion death occurred an the date and hour of	VERE FINDINGS USED NG CAUSES OF DEATH?  NO
	Underlying couse loss  PART 2 OTHER SIGNIFICA  5/P R  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C  (IF ETHER. NOTIFY MEDICAL EXAL  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that M (this h  saw the deceosed all obve, M (we) (did) (M  27b. SIGNATURE	NT CONDITIONS CONTRIBUTING  PEUMO NECTO M  196 CONDITION FOR W  196 CONDITION FOR W  196 CONDITION FOR W  196 CONDITION FOR W  197 CONDITION FOR W  198 COND	GTO DEATH BUT NOT RELATED TO THE TO LUNG CA 20 HICH OPERATION WAS PERFORMED  H DAY YEAR  19 211 LOCATION STREET  TOM 7/22 1984  DEGREE ATTENDIN PHYSICIA	200 AUTOPSY?  200 IF YES, WIN CERTIFYIN YES NO YES CURRED (ENTERNATURE OF INJURY IN ITEM IS PART  CITY OR TOWN  10 8/2 19.  nian death occurred on the date and hour or	VERE FINDINGS USED NG CAUSES OF DEATH?  NO 100 PART ?]  COUNTY STATE  84 , that Xi (we) and from the causes stated
	Underlying couse loss  PART 2 OTHER SIGNIFICA  5/P P P P P P P P P P P P P P P P P P P	NT CONDITIONS CONTRIBUTING  PEUMO NECTO M  196 CONDITION FOR W  196 CONDITION FOR W  196 CONDITION FOR W  196 CONDITION FOR W  197 CONDITION FOR W  198 COND	G TO DEATH BUT NOT RELATED TO THE TO	CURRED (ENTERNATURE OF INJURY IN ITEM IS PART  CITY OR TOWN  10 8/2 19.  nian death occurred on the date and hour of Injury Inju	VERE FINDINGS USED NG. CAUSES OF DEATH? NO COUNTY STATE  A that X1 (we) and from the couses stated  22c. DATE SIGNED
	Underlying couse loss  PART 2 OTHER SIGNIFICA  5/P R  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C  (IF ETHER. NOTIFY MEDICAL EXAL  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that M (this h  saw the deceosed all obve, M (we) (did) (M  27b. SIGNATURE	NT CONDITIONS CONTRIBUTING  PEUMO NECTO M  196 CONDITION FOR W  196 CONDITION FOR W  196 CONDITION FOR W  196 CONDITION FOR W  197 CONDITION FOR W  198 COND	G TO DEATH BUT NOT RELATED TO THE TO	200 AUTOPSY?  200 IF YES, WIN CERTIFYIN YES NO YES S  CURRED (ENTER NATURE OF INJURY IN ITEM IS PART  CITY OR TOWN  10 8/2 19.  nion death occurred on the date and hour of	VERE FINDINGS USED NG CAUSES OF DEATH? NO  1 OR PART ?)  COUNTY STATE  84 , that Xi (we) I nd from the causes stated
MEDICAL	Underlying couse loss  PART 2 OTHER SIGNIFICA  S/P	NT CONDITIONS CONTRIBUTING  PLAND NECTON  196 CONDITION FOR M  196 CONDITION FOR M  LUNC C  G	G TO DEATH BUT NOT RELATED TO THE TO	CURRED (ENTERNATURE OF MULLY IN LIEM 18 PART  CITY OR TOWN  10 8/2 19.  Inian death occurred on the date and hour of DIRECTOR PHYSICIAN A  RAVEN BLVD. BALTIMO	VERE FINDINGS USED NG CAUSES OF DEATH? NO COUNTY STATE  84
MEDICAL	Underlying couse loss  PART 2 OTHER SIGNIFICA  S/P P P  19a DATE OF OPERATION  7 10. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTEY MEDICAL EXA 71d. INJURY OCCURRED  WHILE NOTEY MEDICAL EXA 1 WORK  270.1 Certify that N (this k saw the deceased ally above, N (we) (did) (N  27b. SIGNATURE  Dance  27d. PHYSICIAN'S NAME (1)	NT CONDITIONS CONTRIBUTING  PLAND NECTON  196 CONDITION FOR M  197 CONDITION FOR M  216. PLACE OF INJURY  (AT HOME, STREET, FACTORY, O  100 Spitol) ottended the deceased for M  100 CONDITION FOR M	GTO DEATH BUT NOT RELATED TO THE TO T	CURRED (ENTER NATURE OF MULLY IN LIEM 18 PART  CITY OR TOWN  10 8/2 19.  Ninian death occurred on the date and hour of DIRECTOR PHYSICIAN RAVEN BLVD. BALTIMO  RAVEN BLVD. BALTIMO  CITY OR TOWN	VERE FINDINGS USED NG CAUSES OF DEATH? NO  1 OR PART ?)  COUNTY STATE  84 , that Xi (we) I nd from the causes stated
230	Underlying couse loss  PART 2 OTHER SIGNIFICA  S/P P P  19a DATE OF OPERATION  19a DATE OF OPERATION  7 13 - 8  71a. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE CO  (IF EITHER, NOTHY MEDICAL EDA  71d. INJURY OCCURRED  WHILE AT WORK  720.1 Certify that N (this is  saw the deceased ally above, N (we) (did) (N  72b. SIGNATURE  72d. PHYSICIAN'S NAME (1)  BURIAL, CREMATION, REMO  BURIAL CREMATION, REMO  BURIAL CREMATION, REMO  BURIAL CREMATION, REMO	NT CONDITIONS CONTRIBUTING  PLAND NECTON  196 CONDITION FOR M  197 CONDITION FOR M  198 CONDI	GTO DEATH BUT NOT RELATED TO THE TO T	CURRED (ENTER NATURE OF MULLY IN LIEM TO PART  TO 8/2 19.  NO 10 8/2 19.  CURRED (ENTER NATURE OF MULLY IN LIEM TO PART  CITY OR TOWN  TO 8/2 19.  NIG MEDICAL STAFF NIG MEDICAL PHYSICIAN  RAVEN BLVD. BALTIMO  ORY 230. LOCATION CITY OR TOWN  CONTROL OF REGISTRANTISE REGISTRA	VERE FINDINGS USED NG CAUSES OF DEATH?  LORPART 21  COUNTY STATE  84 , that Xi (we) and from the causes stated  22c. DATE SIGNED  RE, MD. 212



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in the transfer proges 3 should be detached for use as the burial-transit permit. Then please remove carbonoppers, Pages 1 and 2 should be filled thin 72 has a after death with the State Deat, of Health and Mental Haginen prior to burial, cremation, ar removal.	IMPORTANT. If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner frugs be, and marked
TO HOSPITAL OR ATT	Should be detached for with the State Dept. of	IMPORTANT: If Hem 21

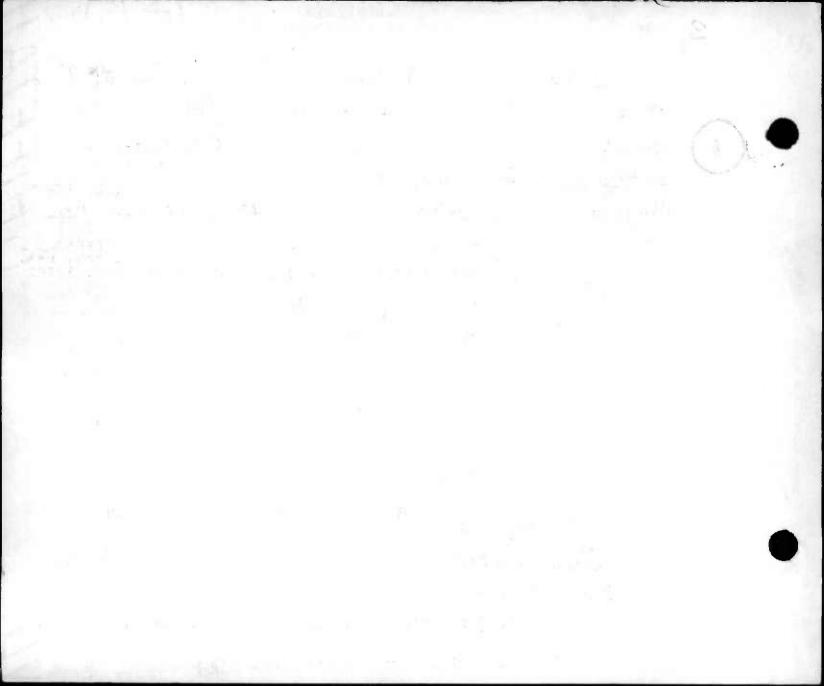
# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

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	REGISTRAR				CLRIII	ICAIL OI L	LAIN	RE	G. NO.			
	CEASED NAME	FIRST	N	IDDLE	1 1	AST		20 DATE OF DEAT	H MONTH	DAY YEAR	1h HOU	R
, , ,	Jo	hn			brdo	in			8	13 84	19-	AM
3. SE)	(	4.	RACE		5. DATE O	F BIRTH	YEAR	6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	# UNDER	24 HRS MIN.
V	Male		B		4	15	96	9	YRS			
	RTHPLACE   STATE OR E	OREIGN 7	CITIZEN OF	VHAT COUNT	RY? 8 MARRIE	NEVER /	AARRIED -	9 BALTIMORE CI	TY OR COUN	TY OF DEATH		
	irginia		U.S		WIDOWE		VORCED [	C1-		1timor		MD.
10 CI	TY OR TOWN OF DEA	TH 1		OSPITAL, NUI LEACILITY, GIVE ST	RSING HOME O	R OTHER INS	ITUTION	12a USUALOCCU (TYPE OF WORK FOR M		126 KIND (		ESS OR
上	Sattimore		SIN	al Ho	SOHL							-
USU/ 130/\S	AL RESIDENCE (IF NURSI	NG HOME OR O 13b. COUNT	THER INSTITUTION, Y	13c. CITY OR T	OWN"	13d. INSIDE C	ITY LIMITS?	130 CTREET ADDR	ESS / 7IP CO	DE Apt.	903	3
11	aryland			Batt	more	YES 🗸		B800 W.	Belve	dere A	ve 2	21215
14 FA	THER'S NAME FIRST	MI	DDiE	LAST		15. MOTHER'S	EIRST	ME MIDE	DLE	ŁA	St	
	_			_			Sarah		DDDGGG 4 = =		dan	
	VAS DECEASED EVER YES, NO OR UNKNOWN)		ED FORCES?   WAR OR DATES}	16b SOCIALS		17 INFORMA				mingto		
_	NO			215-0	7-7788	Willi	e Jor	dan 412	McCat			
	18 CAUSE OF DEATH PART I. DEATH W	HIEnter only	ane cause per BY:	1	()		A	and a		BETWEEN	XIMATE INTER	DEATH
		IMMEDIATE		carall	o Kespi	ratory	- Arre	57				
			DUE TO, OF	ASA GONSE	OUENCE OF	۵ ،						
	Conditions, if ony, which gove rise to immediate											
	cause (a), stating the Underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF											
			(c)		10 DE 4711 BUIT	NOT BELLETE	TO THE TERM	NAME OF THE ORDER	CONTRICTION C	THE PART 1		
Z	PART 2. OTHER SIGN	HEICANI CC	ONDITIONS <u>CC</u>	NIKIBUTING	IO DEATH BUT	NOT RELATEL	IO INE IEKM	INAL DISEASE OR	CONDITION	JIVEN IN PART I	0	
CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF Y	ES, WERE FINDI	INGS USE	D
FIC								YES TI NO		TIFYING CAUSES	S OF DEAT	
CERT	21a ACCIDENT WAS UND	ERLYING	216 TIME O			21c HOW IN	JURY OCCURR	RED (ENTER NATURE O		8 PART   OR PART 2)		
	OR CONTRIBUTING C		HOUR A./		DAY YEAR							
MEDICAL	214 INJURY OCCURR		21e PLACE	OF INJURY		211 LOCATIO	N	City	ORTOWN	COUNTY	-	STATE
\$	WHILE NOT WH		(AT HOME, STR	EET, FACTORY, OFF	ICE, FARM, ETC.)	3,465						
	220.1 certify that (1)	this haspita	attended the	deceased fro			19 44	to_ tue!	101 B	. 1954	, that (II)	
	saw the decease abave, (I) (we) (c	d alive an	view the body	ofter death.	9 84 0	nd that in (my)	(ant) obinion o	death accurred on t	the date and h	our and from the	couses sto	pted
	226. SIGNATURE	-	/ /			DEGREE	***************************************		.7.155	22c DATE	ESIGNED	
	SI	are	SOPI	W-			ATTENDING PHYSICIAN [	MEDICAL DIRECTOR P	STAFF HYSICIAN	81	3184	,
	22d. PHYSICI N'S NA		_	^		22e ADDRES	S	,		Į.	1	
	SMA	RI -	DOPHE	<u> </u>		7	INAL	HOSPIT	"AL			
	BURIAL, CREMATION,	REMOVAL	23b DATE	0/	73c NAME OF C			23d. LOCATION	MN =	COUNTY	Ма	MATE
	BURIAL		8/17/	04	King M	emori						1.
24. FI	UNERAL DIRECTOR			ADDRE			4115	E REC'D. BY REGIS	IKAR 256 REG	ISTRAR'S SIGNA	TURE	
Wm	C March	F/H	Inc. 1	101 E	North	Aven	ue I AUG	1.5 1094	1.6.1	Tuid	and the	
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DHMH - 16 50M 4/83 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death centificate be executed within 24 hours after death. Page

3	FOR STATE REGISTR
1	1. DECEASED N

nermust be potified of once.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		REGISTRAR				CERTIF	ICATE OF D	EATH	REG.	NO.			
		CEASED NAME OR PRINT)	B666		Peter Diskotisk		Jurkieu	ucz sn	20. DATE OF DEATH	MONTH 8	16 8	4	7 AM
	3. SEX	Male		I. RACE	hite	5. DATE C		YEAR 24	6. AGE (IN YEARS LAST)	YRS.	MONTHS D	_	FUNDER 24 HRS
5		THPLACE (STATE OR OUNTRY)	FOREIGN 1	b. CITIZEN OF	SA	8. MARRIE WIDOWE	D WESTER M	ARRIED	BALT. CI	OR COUN	TY OF DEATH	1	MD.
		BALTIM	ORE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  REPLANTED SCOTT KEY ML. SKOOBLICKLOUPE						LIFE) INDUST		BUSINESSOR	
4	13a. S	MD	13b. COUN		13 CITY OR TOW		7	NO []		elig hi	land A	ve.	21224
		Peter Peter		NDDLE	Jurkiewic	3	Jul	MAIDEN NAM	WIDDLE		Bruzi	nsk	સં
	16a W	AS DECEASED EVER	(IF YES, GAYS	MED FORCES?	024-14-	. 0	Dolore	41	urkiewicz	1118 .			
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Metastatic Culon Cancer  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate couse (a), stating the  DUE TO, OR AS A CONSEQUENCE OF									BETW	17	MONTHS	
	CERTIFICATION	1 1 1/12			al faile	ne			NAL DISEASE OR CO	20b. IF Y	ES, WERE FIR	VDING	
1	MEDICAL CERTIF	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED) 21a. INJURY OCCUR	CAUSE OF DEAT	21b. TIME C HOUR A. P. 21e. PLACE	01011	AY YEAR	21t. HOW IN J	URY OCCURRE	YES NO CITY OR	JURY IN ITEM 1	YES		NO _
		22e. I certify that (I) sow the decease above. (II) well 22b. SIGNATURE	(this hospited of clid) (did not	view the body	/ 2 market		DEGREE	TTENDING HYSICIAN	eath accurred on the	AFF		ATE SI	not (I) (we)-last auses stated IGNED
1		22d. PHYSICIAN'S N	Adol)	ph J	VIATE.		22+ ADDRESS	DM.	of Surge	7 =	THH		
	(	URIAL, CREMATION, SPECIFY)  (remax UNERAL DIRECTOR		236. DATE 8-17-		Vestu	LEW Mem	Park	23d. LOCATION Westvie REC'D. BY REGISTRA		Lto C	) A	STATE
		harles S.	Zeile	r & So	n Inc. 90	01 5.0	onkline		IG 1 7 1984	, REG	J. Goldage	~-1	fändell.

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, ar other troumatic event, the

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20M 4/82

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11-		DEFARIME	ENT OF HEALTH AND MENTAL	THISTERNE	fine .	
	STATE REGISTRAR	MEDICAL EX	CAMINER'S CERTIFICATE	OF DEATH	REG. NO.	
	FECEASED NAME FIRST	WIDOLE	LAST	Ze. DATE KI	NOWN MONTH	DAY YEAR 26
100	EVA		KACZYNSK	DEATH A	ATED D	2319840
3. SE	A RACE	S. DATE OF BIRTH	AGE (IN YEARS IF UNDER 1 YR. IF UND	ER 24 HRS. 2c. DATE	MONTH	DAY YEAR 20
FE	MALE WHOLE	E 12 20 1908	75 YRS. MONTHS DAYS HOURS	DEAD	8	23 1984 1
74. 6	DRITHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTR	8 MARRIED   NEVER MAI	RRIED   MALTIMO	SE CITY OR COUN	NTY OF DEATH
11	PARYLAND	UISIA.	WIDOWED DIVO	Autoria.	IMORE	CITY
10.5	DY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME, OR OTHER INSTITUTION	12a. USUAL OCCUPA FOR MOST OF WORKIN	TION (TYPE OF WORK	176 KIND OF BUSIN OR INDUSTRY
L	PALTIMORE	13323 MCSHAK	IE WAY	HOMEN	14KER	
USU.	AL RESIDENCE (IF IN NURSING HO)		ORE ADMISSION) R TOWN 13d, INSIDE CITY EIMITS?	13. STREET ADDRESS	- 01/a	-110/017
m	ARYLAND	DALTI	MORE YES NO [	3323 M	CSHAN	EWAY 212
14.7	ATHER'S NAME	MIDOLE	15. MOTHER'S MAI	DEN NAME	NE /	LAST
	PETER UI	REGANSKY	1114R+	KOPANSI	(/	
160 (	WAS DECEASED EVER IN U.S. YES, NO, OF UNKNOWN) (IF YES, C	ARMED FORCES? 16b. SOCIA	L SECURITY NO.	Buch	DIII)	1 No
	NO		V) < 6/ NA	DECKER	SILDONE	-6AL -LK
	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	only one cause per late or (a), (b), or	ed (c).)		100000	APPROXIMATE INT
		DIATE CAUSE (a)	ie whence my	ocarona c	MINESTE	
		DUE TO, OR AS A CONSE	QUENCE OF			
	Conditions, if any, wh	ich				
	gove rise to immedi-	ote / (b)				
	cause (a) stating the und		QUENCE OF			
			QUENCE OF			
	cause (a) stating the und lying cause last.	DUE TO, OR AS A CONSE	QUENCE OF TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART 1 Tal.		
HON	cause (a) stating the und lying cause last.  PART 2 OTHER SIGNIFICANT CONDITION	DUE TO, OR AS A CONSE  (c)  ONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART 1 (g).		
ICATION	cause (a) stating the und lying cause last.	DUE TO, OR AS A CONSE  (c)  ONS CONTRIBUTING TO DEATH BUT NOT RELATED		PART 1 (g).		20 AUTOPSY?
RTIFICATION	cause (a) stating the und lying cause last.  PART 2 OTHER SIGNIFICANT CONDITION  19a DATE OF OPERATION	DUE TO, OR AS A CONSE  (c)  ONS CONTRIBUTING TO DEATH BUT NOT RELATED  196. CONDITION FOR WE	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	19		YES -
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION  19a DATE OF OPERATION  21a EXTERNAL CAUSE WAS	ONS CONTRIBUTING TO DEATH BUT NOT RELATED  196. CONDITION FOR WH	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN HICH OPERATION WAS PERFORMED?	19	Y IN ITEM 18 PART 1 OR P	YES -
	PART 2 DTHER SIGNIFICANT CONDITION  190 DATE OF OPERATION  210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE CAUSE	DUE TO, OR AS A CONSE  (c)  ONS CONTRIBUTING TO DEATH BUT NOT RELATED  196 CONDITION FOR WE  216. TIME OF INJURY HOUR A.M. MONTH D P.M.	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN  HICH OPERATION WAS PERFORMED?  AY YEAR 21c. HOW INJURY OCCUR	19	Y IN ITEM 18 PART † OR F	YES -
	PART 2 OTHER SIGNIFICANT CONDITION  190 DATE OF OPERATION  210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTION OF CONTRIBU	ONS CONTRIBUTING TO DEATH BUT NOT RELATED  19b. CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH D  21c. PLACE OF INJURY STREEL FACTORY FARM ETC.	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN  HICH OPERATION WAS PERFORMED?  AY YEAR  19  AT HOME. 21f. HOW INJURY OCCUR	19		YES -
MEDICAL CERTIFICATION	PART 2 DTHER SIGNIFICANT CONDITION  190 DATE OF OPERATION  210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE CAUSE	DUE TO, OR AS A CONSE  (c)  ONS CONTRIBUTING TO DEATH BUT NOT RELATED  196 CONDITION FOR WE  216. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY  21e PLACE OF INJURY	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN  HICH OPERATION WAS PERFORMED?  AY YEAR  19  AT HOME. 21f. HOW INJURY OCCUR	RED LENTER NATURE OF INJUR		YES N
	PART 2 DIHER SIGNIFICANT CONDITION  190 DATE OF OPERATION  210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING NOT WHILE AT WORK	ONS CONTRIBUTING TO DEATH BUT NOT RELATED  19b. CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH D  21c. PLACE OF INJURY STREEL FACTORY FARM ETC.	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN  HICH OPERATION WAS PERFORMED?  AY YEAR  19  AT HOME.  21f. LOCATION  STREET	RED (ENTER NATURE OF INJUR		YES N
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	cause (a) stating the und lying cause last.  PART 2 OTHER SIGNIFICANT CONDITION  19a DATE OF OPERATION  21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE (2) a injury OCCURRED WHILE AT WORK  22a I certify that I took che death resulted from: Not ACTUAL	ONS CONTRIBUTING TO DEATH BUT NOT RELATED  19b. CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH D  21e PLACE OF INJURY { STREET, FACTORY, FARM, ETC.}	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN HICH OPERATION WAS PERFORMED?  AY YEAR 19 AT HOME. 21f LOCATION STREET  held on Autopsy , Inspect , Suicide , Hamicide	CITY OF TOWN  Inquiry  Undetermined man	and in my c	YES DE PART 2)  OUNTY  Part 2)  OUNTY
	cause (a) stating the und lying cause last.  PART 2 OTHER SIGNIFICANT CONDITION  19a DATE OF OPERATION  21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING AT WORK  21d INJURY OCCURRED AT WORK  22a I certify that I took che death resulted from: No ACTUAL SIGNATURE	ONS CONTRIBUTING TO DEATH BUT NOT RELATED  196 CONDITION FOR WH  216. TIME OF INJURY HOUR A.M. MONTH D P.M.  216 PLACE OF INJURY (STREET, FACTORY, FARM, ETC.)	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN HICH OPERATION WAS PERFORMED?  AY YEAR 19 AT HOME, 21f LOCATION STREET  held on Autopsy , Inspect , Suicide , Hamicide   ITLE (SPECIFY)	RED (ENTER NATURE OF INJUR  CITY OF TOWN	and in my c	YES DE PART 2)  OUNTY  Part 2)  OUNTY
	cause (a) stating the und lying cause last.  PART 2 OTHER SIGNIFICANT CONDITION  19a DATE OF OPERATION  21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING AT WORK  21d INJURY OCCURRED AT WORK  22a I certify that I took che death resulted from: No ACTUAL SIGNATURE	ONS CONTRIBUTING TO DEATH BUT NOT RELATED  19b. CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH D  21e PLACE OF INJURY { STREET, FACTORY, FARM, ETC.}	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN HICH OPERATION WAS PERFORMED?  AY YEAR 19 AT HOME, 21f LOCATION STREET  held on Autopsy , Inspect , Suicide , Hamicide   ITLE (SPECIFY)	CITY OF TOWN  Inquiry  Undetermined man	and in my c	YES D N
MEDICAL	cause (a) stating the und lying cause last.  PART 2 OTHER SIGNIFICANT CONDITION  19a DATE OF OPERATION  21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING AT WORK  21d INJURY OCCURRED WHILE AT WORK  22a I certify that I took che death resulted from: No ACTUAL SIGNATURE	ONS CONTRIBUTING TO DEATH BUT NOT RELATED  1996 CONDITION FOR WE  2106. TIME OF INJURY HOUR AN. MONTH D P.M.  2106. PLACE OF INJURY (STREET, FACTORY, FARM, ETC.)  2107. TORREST OF TORREST	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN HICH OPERATION WAS PERFORMED?  AY YEAR  19 AT HOME.  21f LOCATION STREET  held on Autopsy , Inspect , Suicide , Hamicide ,  UTLE (SPECIFY)	CITY OF TOWN  Inquiry  Undetermined man	and in my c	YES D N
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WEDICAL 23 o E	Cause (a) stating the und lying cause last.  PART 2 OTHER SIGNIFICANT CONDITION  21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIBUTI	ONS CONTRIBUTING TO DEATH BUT NOT RELATED  1996 CONDITION FOR WE  2106. TIME OF INJURY HOUR AN. MONTH D P.M.  2106. PLACE OF INJURY (STREET, FACTORY, FARM, ETC.)  2107. TORREST OF TORREST	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN HICH OPERATION WAS PERFORMED?  AY YEAR  19 AT HOME.  21f. HOW INJURY OCCUR STREET  held on Autopsy , Inspect Homicide , Homicide , ITLE (SPECIFY)  ADDRESS  ME OF CEMETERY OR CREMATORY	CITY OF TOWN  Inquiry  Undetermined man  MEDICAL EXAMIN	and in my c	YES   NOTE   NOT
WEDICAL 23 o E	cause (a) stating the und lying cause last.  PART 2 OTHER SIGNIFICANT CONDITION  19a DATE OF OPERATION  21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING AT WORK  22a I certify that I took che death resulted from: Not while AT WORK  22a I certify that I took che death resulted from: Not while ACTUAL SIGNATURE IN CONTRIBUTION CONTRIB	ONS CONTRIBUTING TO DEATH BUT NOT RELATED  1996 CONDITION FOR WE  2106. TIME OF INJURY HOUR AN. MONTH D P.M.  2106. PLACE OF INJURY (STREET, FACTORY, FARM, ETC.)  2107. TORREST OF TORREST	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN HICH OPERATION WAS PERFORMED?  AY YEAR  19 AT HOME.  21f. HOW INJURY OCCUR STREET  held on Autopsy Inspect Hamicide  TILE (SPECIFY)  ADDRESS  WE OF CEMETERY OR CREMATORY	CITY OF TOWN  Inquiry  Undetermined man  MEDICAL EXAMIN	ond in my oner	OUNTY  PART 2)  OUNTY  PPINION  ELED  WAY  AND  OUNTY  PRIOR  PRIOR  OUNTY  PRIOR  PRIOR  OUNTY  PRI

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	STATE OF MAR	RYLAND	
DEPARTMEN	T OF HEALTH A	ND MENTAL	HYGIENE
C	ERTIFICATE O	OF DEATH	

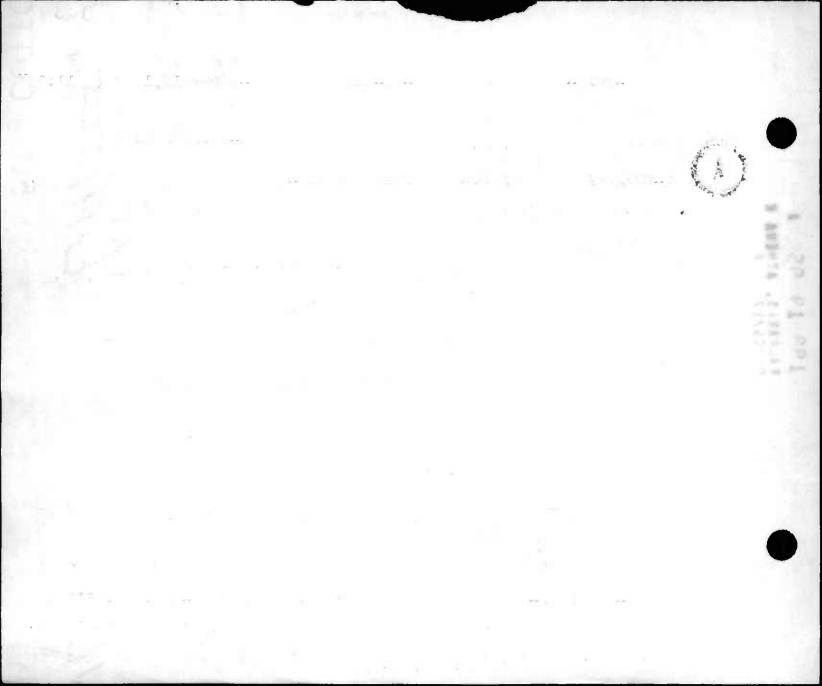
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	FOR STATE REGISTRAR			EALTH AND MENTAL HY	REG. N	0				
	EASED NAME FIRST	MIDDLE		AST		MONTH DAY YEAR	26 HOUR			
(TYPE (	ATHENA	К.	KALPA	VTC	AUGUST	16 1001	177.2/			
3. SEX		4 RACE	5. DATE (		6. AGE (IN YEARS LAST BIR		IF UNDER 24 HE			
	emale	White	MONT		67	MONTHS DATS	HOURS MI			
CC	RTHPLACE (STATE OR FOREIGN OUNIRY) assachusetts	76. CITIZEN OF WHAT CO	UNTRY? 8. MARRIE WIDOWE	D NEVER MARRIED	BALTIMO	R COUNTY OF DEATH				
3	LTIMORE	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C THE JOHNS	, NURSING HOME ( GIVE STREET ADDRESS)		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Educator	F WORKING LIFE) INDUSTRY	of Business			
13a. S1		NTY 13c. CITY	nce before admission) Or town timore	134 INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS . 8430 Coco	ZIP CODE Road 21237				
14 FAT	THER'S NAME FIRST  James	мірріє К о	stas	15 MOTHER'S MAIDEN N. Angela	WIDDLE	Zervog				
	(AS DECEASED EVER IN U.S. ARES, NO OR UNKNOWN) (IF YES, GIVE) $\widetilde{\mathbb{N}}$ O	E WAR OR DATES)	ial security no. -01- <i>5</i> 432	Hev. George	E. Kalpaxis	Baltimore,	Road Md.			
	gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (a)									
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES				
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	NTH DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM IS PART ( OR PART 2)				
ME I	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OF TO	WN COUNTY	STATE			
	270. I certify that (I) this hospital attended the deceased from 19.77. In the decease									
	The SIGNATURE Follows	dr	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF 1/ 10/	16/84				
	MARC FELDM					LTO. MD. 2	1205			
(5	urial, cremation, removal <sup>specir</sup> Burial	236. DATE 8-20-84		emetery or crematory wn Cemetery	Baltimore	e Baltimor	e Ma			
	neraldirector cholas T. Matt	hews, 3021.E	astern Av		TE REC'D. BY REGISTRAR UG 2 2 1984	Esta Paridon	Andre .			

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and a that does remove carbon paper. Proceed to use as the burial-transit permit. Then please remove carbon papers. Proceed the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.



# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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n 3	1	2	U	0
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i	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
Ī	1. DECEASED NAME FIRST (TYPE OR PRINT) JACOB	MIDDLE	Kan	AST DINETSKY	20 DATE OF DEATH	MONTH DAY	FIL CALE A	1
ŀ	3. SEX MANG	4. RACE CANCASS AN	S. DATE C	DE BIRTH	6 AGE (IN YEARS LAST BIR			HRS.
7	70. BIRTHPLACE (STATE ORFOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	/? 8 MARRIEI WIDO WE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	TIMORE	CITY	MD
	BAVIM RE	LEVINTAVE HEBREN	JEGRIA1	RICAHOSPITAL	(TYPE OF WORK FOR MOST OF MANAGER	OF WORKING LIFE) IND	KIND OF BUSINESS BUSTRY HESS SHOES	
	MARYLANY 136 COU	ROTHER INSTAUTION, GIVE RESIDENCE BEFO NTY 136 SITY OR TO		13d. INSIDE CITY LIMITS? YES NO		10-0 0 10-0 6	RD #E. 2121-	5
	JOSEPH	KAMINETS K	Υ	HATTIE	MIDDLE		EGALOF F	
I	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 212-09-			RS. KATIÆ□¶ IGHTS RD.	BALTO.,M		
	PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), c ED BY: TE CAUSE (o)	111	PNEUMONIA			APPROXIMATE INTERVAL IETWEEN ONSET AND DEA	ПН
		DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE CONDITIONS CONTRIBUTING TO	NSON S	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	IDITION GIVEN IN E	PART IIO	
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [	196 CONDITION FOR WHIC	OITION FOR WHICH OPERATION WAS PERFORMED				FINDINGS USED CAUSES OF DEATH?	
	OR CONTRIBUTING CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHITE AT WORK  220.1 certify that (this hosp  sow the deceased alive of obove, (Live) (did) (did	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICI	7/3	21c HOW INJURY OCCURR 211 LOCATION STREET  , 19	CITY OR TO	ote and hour and fi	STATE  , that (we)  rom the causes stated	last
	226. SIGNATURE  226. PHYSICIAN'S NAME (1YPE)  FSTRELITA	eolin	mij.	ATTENDING PHYSICIAN [	MEDICAL STA DIRECTOR PHYSIC	FF 5/	DATE SIGNED  819/84  2 + Hostim	
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		LAR SIN	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN SOC ROST	EDALE BA	LTO. MI	

DHMH - 16 50M 4/B3 (VRA 15, 4)

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should be detoched for use as FUNERAL DIRECTOR:

IMPORTANT: If hem 21 is

AUG.10,1984 HAR SINAI BENEVOLENT 74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD

21215

BALTO. MD

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15 184 AA MALANA PARENT			200 1 200 200 200 200 200	

Capitol Funeral Service, Falls Church, VA

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 20. DATE KNOWN MONTH 75 HOUR 8/25/8419 DEATH MATED K 8/28/8419 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 129 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Steelworker Bethlehem 1203 Steelton Ave. (21224) 17. INFORMANT (brother-in-law) SS 1169 Milford St. Johnstown, PA APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH 20 AUTOPSY? YES X NOT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 STATE 6/29/84 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Aug. 31, 1984 St. John Gaulbert's Cometery, Johnstown, PA

STATE OF MARYLAND

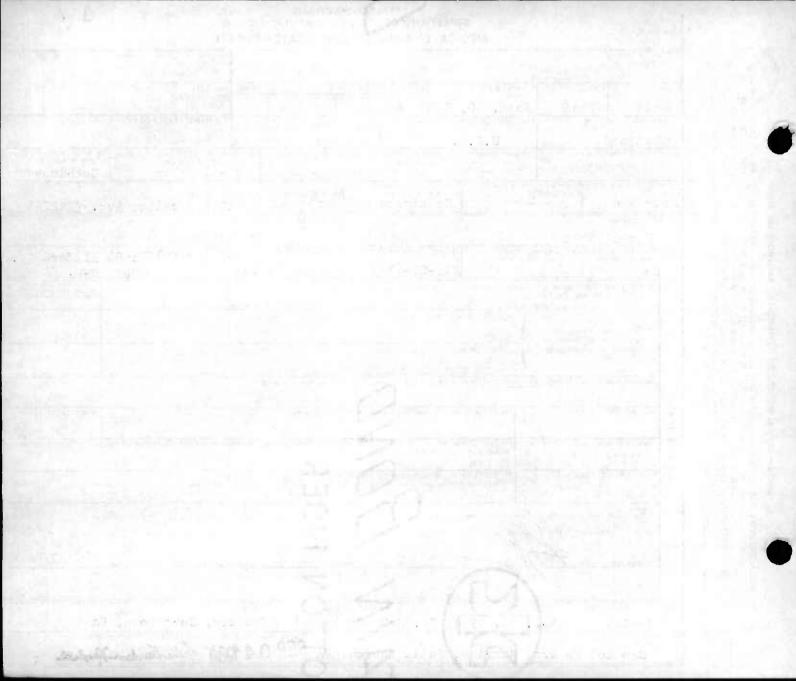
**DHMH - 17** 

(VR A15 ME (5) 20M 4/B2

(SPECIFY)

Burial 24 FUNERAL DIRECTOR

FOR



ATTENDING PHYSICIAN: The low requires that

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TO HOSPITAL OR

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10	1 -	STATE REGISTRAR				CERTI	FICATE OF DE	ATH	REG	NO.		
		EASED NAME (K	Jame	es ^	Ir	ving J	MES Kaney	Sr.	20. DATE OF DEATH	8 MONTH	184	S PM
	3. SEX	m	4. RA	3		5. DATE	OF BIRTH	VEAR O-7	6. AGE (IN YEARS IAST	YR		IF UNDER 24 HRS
12 Suce.		RTHPLACE (STATE OR FORE OUNTRY)		U.S.		MARRI WIDOW	ED NEVER MA	RRIED   RCED	BALTIMO	_		MD.
Stifted 3		TY OR TOWN OF DEATH	11.	NAME OF H	HEACILITY, GIV	URSING HOME E STREET ADDRESS)	OR OTHER INSTIT	_	128 USUAL OCCUP (TYPE OF WORK FOR MO	ATION	12b. KIND C	OF BUSINESS OR
See pe	USU/ 13a. S	L RESIDENCE IN NURSING			GIVE RESIDENCE	E BEFORE ADMISSION	136 INSIDE CITY		13e STREET ADDRES	s / ZIP CC	vedere	
examiner	14. FA	THER'S NAME FIRST Henry	MIDDL	.E	Kan		15. MOTHER'S A	ie	MIDDLI		Curt	is
medicol	()	VAS DECEASED EVER IN 1ES NO OR UNKNOWN) (	U.S. ARMED IF YES, GIVE WAR			10-2249	Mazie			• Be		Avenue
ather traumatic even		Conditions, if ony, w gove rise to immer couse (a), stating	which	DUE TO, OI	R AS A CON	ISEQUENCE OF	unk	rau nou	n	7		
y injury, or	TION	PART 2 OTHER SIGNIF		DITIONS CO	SIP	re	T NOT RELATED TO	CL	INAL DISEASE OR CO		GIVEN IN PART 1:	
2	CERTIFICATION	190 DATE OF OPERATION	11.0			N/A			YES NO	IN CER	RTIFYING CAUSES YES	
18 2 2	MEDICAL CE	21g. ACCIDENT WAS UNDER OR CONTRIBUTING LEAD (IF EITHER NOTIFY MIDICAL	SEDE DEATH	216. TIME O HOUR A P	M. MOINT	AY YEAR			N/A	NJURY IN TIEM	18 PART   OR PART 2)	
morked ar	MED	214 INJURY OCCURRY WHITE INJURY E	A		REET, FACTORY,	10/14	211. LOCATION STREET	L	1/A CITYO	f TOWN	COUNTY	STATE
m 21 is m		saw the deceased obovy (I)/we) (did 27b. SIGNATURE	oliya on	Q 7/3	1	19 5 4		our) opinion	deoth occurred on the	e date and		that (II (we) last couses stated
Z = ==================================		56		Ker	6			TENDING TYSICIAN	MEDICAL S	TAFF	< 8	12/84
IMPORTANT.		22d PHYSICIAN'S NAM	jort	- K	AT		1 4	940	Rayle	rr	Aver	ne
_		BURIAL, CREMATION, RE BURIAL	MOVAL 2	3b. DATE 8/4/	184	140	CEMETERY OR CR	Pk.	23d LOCATION CITY OF TOWN Arbiti	15	COUNTY	STATE Md.
4/83	Wn	n C March	F/H ]	Inc.	1101	E Nort	h Aveni	AUG	3 1984	Julia	Davidson-N	ndace.

DHMH - 16 50M 4/83

(VRA 15, 4)

CLASS CHEST AUDIO TO DUST A SI

# requires that the death certificate be executed within 24 hours offer TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician.

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WINDORIANT: If Hem 21 is marked or Hem 18 stars any injury, or other traumatic event, the medical examiner marked negative.

FOR STATE REGISTRAR

## STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

REG. NO.

1		EASED NAME	FIRST , J	ohn "	Josep	oh '	AST Karma	zvn	2a DATE OF DE	HTMOM HTA	DAY YEAR	26. HOUR	
1	(TYPE	OR PRINT)	toh	^	Tool	Kar	ma-	ZVIN		8	22 84	100	Au
1	3. SEX		1	RACE		5. DATE C	OF BIRTH	-/-	6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEA	F UNDER 2	4 MRS
1	30-0	Male		Whi	te	MONTH	DAY	YEAR 16	6	0	MONTHS DATE	HOURS	MIN.
ı	≱n BIS	RTHPLACE (STATE OR	FOREIGN 21	CITIZEN OF V	VHAT COUNTS	Y2 IL			9 BALTIMORE C	YRS			_
9	C	OUNTRY)				MARRIE	D X NEVER M	ARRIED '					
4		aryland  TY OR TOWN OF DEA	TH 1	U.S		WIDOWE	OR OTHER INSTI	ORCED .	12a USUAL OCC	ore Cit		OF BUSINES	MD.
				(IF NOT IN SUCH	FACILITY, GIVE STR	EET ADDRESS]			(TYPE OF WORK FOR	MOST OF WORKING	GLIFE) INDUSTR	1	
4	_	ltimore					edical	Center	Longsh	oreman	Sh:	lpping	
0	13a. S	TATE	136 COUNT	Y Y	13c. CITY OR TO		13d. INSIDE CIT	Y LIMITS?	13e. STREET ADD				
7		aryland	Balti	more	Dunda.	lk		K ON		newood	Road	21222	
7	14 FA	THER'S NAME	MI	DDLE	LAST			MAIDEN NAM		DDLE		AST	
g		Michael			Karmaz	vn		fia		7011		niel	
Ĩ		AS DECEASED EVER			16b. SOCIAL SE		17 INFORMAN	NT.		ADDRESS 21:	3 Pinewo		ad
-	Ye	ES, NO OR UNKNOWN)	WW	WAR OR DATES)	215-01	-1325	Rose E	. Karma	97.Vn		lto. MD	2122	
		18. CAUSE OF DEAT					1000 11			,		XWAYE INTERV	
	100	PART I. DEATH W	AS CAUSED	BY:	C C	colin	nulm	MAN	V av	rest	B. 1111E	V CHISCH MIND D	
			IMMEDIATE		00	0000	Pain	Uniar	1				
		Carallelan M	12.1	1	AS A CONSE	QUENCE OF		/					
		Conditions, if ony, gave rise to imr	mediote	(b)_									
		couse (a), statin		DUE TO, OR	AS A CONSE	QUENCE OF							
				(c)							00.50.00.00.00		
	z	PART 2. OTHER SIGN	NIFICANT CO	ONDITIONS <u>CC</u>	NIKIBUTING	O DEATH BUT	NOT RELATED	IO IHE IERMI	INAL DISEASE ON	CONDITION	GIVEN IN PART	10	
_	CERTIFICATION	19a. DATE OF OPERA	TION	TIPL CONDI	TION FOR WH	CH OPERATIO	N WAS PERFOR	DAAED	720g AUTOPSY	2 20h IF	YES, WERE FIND	INGS LISED	
)	FIC.	198. DATE OF OPERA	TION	140. CONDI	HON TOK WITH	CHOPERATIO	IN WASTERIOR	WED	1	IN CER	RTIFYING CAUSE	S OF DEATH	
,	RT	71m. ACCIDENT WAS UNI	DEBLYING -	21b. TIME O	E INTUIDY		Tale HOW IN	LIBY OCCUPA	ED (ENTER NATURE	ON TOTAL	YES	№ □	_
1		OR CONTRIBUTING		110.10	M. MONTH	DAY YEAR	ZIL HOW IN	URI OCCURRI	ED (ENTER NATURE	OF INJURY IN ITEM	18 PART   OR PART 2)		
	CA	(IF EITHER NOTIFY MEDI	CAL EXAMINER	P./		19							
1	MEDICAL	21d. INJURY OCCUR		21e. PLACE C	OF INJURY EET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATIO STREET	N	CIT	TY OR TOWN	COUNTY	51	ATE
		AT WORK NOT WE	RK L										
	- 4	22a I certify that					8/7	. 19 84	, to	2/27	19 84		re) lost
		saw the deceas above, (II (we)	ed alive on_	view the body	ofter death.	27.01	nd that in my	our) opinion d	deoth occurred on	the date and h	hour and from th	e causes stot	ted
		22b. SIGNATURE	10			40, 10	DEGREE				22c. DA	ESIGNED	
,			XX	V	-	my		HYSICIAN [	MEDICAL DIRECTOR .	STAFF PHYSICIAN	8	122/8	14
		22d. PHYSICIAN'S N	AME INTO	12/1	(10	c	22e ADDRESS		1 0 1	1 0	11		
			-	UU	OTC	E MD	1 FSk	Med	d Cent	er, Di	alt. M	10 717	224
Ī	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE	12	3c NAME OF C	EMETERY OR C	REMATORY	23d. LOCATIO				
		SPECIFY) Buria		8/25/			s of Fa		Baltin		COUNTY	arylan	d
	24 FL	INERAL DIRECTOR		<u> </u>		-01.001		250. PATE			SISTRAR'S, SIGN		
		NAME		venue,	ADDRES	k. MD	21222	AUI	0 2 4 198	4 Juna	way don	Handel	2
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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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FOR STATE REGISTRAR			HEALTH AND MENTAL HYGII FICATE OF DEATH	REG. NO.	2 1 4
I DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT)	RGE R	KARSO	N	04	2454 7:54
3. SEX	14 RACE			S. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
	White	MON	TH DAY YEAR		MONTHS DATS HOURS MIN
Male  In BIRTHPLACE (STATE OR	7		h 31, 1922	62 YRS. BALTIMORE CITY OR COUNT	Y OF DEATH
COUNTRY)		MARRI	ED TI NEVER MARRIED I	-	
Pennsylvania		1		BALTIMORE CITY	
10 CITY OR TOWN OF DE.		HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING I)	126 KIND OF BUSINESS (
BALTIMORE CI	TY UNION	1 123 2011 12 12 01		Self employed	Restaurant
USUAL RESIDENCE (IF NUR	SING HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION	1134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	F
Maryland	138. COOKIT	Baltimore	YES NO	207 Tunbridge R	
14. FATHER'S NAME			15 MOTHER'S MAIDEN NAM	E	
FIRST	MIDDLE	LAST	FIRST Manager	WIDDIE	Shaddy
George	IN U.S. ARMED FORCES?	Karson	Mary 17 INFORMANT	ADDRESS	briday
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	TOB SOCIAL SECURITY NO.			
Yes	WW II	213-20-2985	Catherine C.	Karson - Same	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
PART 2 OTHER SIG			IT NOT RELATED TO THE TERMI	FEMUR NAL DISEASE OR CONDITION GI	VEN IN PART Tra
19a DATE OF OPYNA 2 21a. ACCIDENT WAS UN	3 /84 F	OF INJURY	LEFT FEMUL 21c HOW INJURY OCCURRE	IN CERT	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES
OR CONTRIBUTING	CAUSE OF DEATH	A.M. MONTH DAY YEAR	1111	T FELL A	OM LADDER
21d INJURY OCCUR					
			211 LOCATION	Cata On Towar	COUNTY
WHILE ON NOTW	(AT HOME S	TREET FACTORY OFFICE FARM ETC )	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
AT WORK AT WO	HILE D	TREET FACTORY OFFICE FARM ETC.)	STREET	CITY OR TOWN	84
220.1 certify that (I	HILE OF (AT HOME, S') (this haspital) attended t	TREET FACTORY OFFICE FARM ETC.)  FRICE  he deceosed from	STREET	to 8/28	19 8 4 that (I) (we)
270.1 certify that (I saw the decear above, (I) (we) (	HILE OF (AT HOME, S') (this haspital) attended t	TREET FACTORY OFFICE FARM ETC.)  FRICE  the deceased from 81  8 19 84	SIREET  21 , 19 84  and that in (my1 (aur.) opinian d	. to 8/28 eath accurred on the date and ha	19 that (1) (we)
270. I certify that (I saw the decease	HALE O (AT HOME S') (this haspital) attended to sed alive an S 2	TREET FACTORY OFFICE FARM ETC.)  FRICE  the deceased from 81  8 19 84	SIREET  21 , 19 84  and that in (my1 (aur) opinion d  DEGREE	to 8/28	19 8 4 that (I) (we)
270.1 certify that (I saw the decear above, (I) (we) (	HILE ASPIRED INTO PRESENTED ASPIRED IN THE PROPERTY OF THE PRO	TREET FACTORY OFFICE FARM ETC.)  FRICE  the deceased from 81  8 19 84	and that in (my) (aur) opinion d  DEGREE  ATTENDING PHYSICIAN  172. ADDRESS	eath accurred on the date and ha	19 that (I) (we) us and from the causes stated
270. I certify that (I saw the decearabove, (I) (we) (27b. SIGNATURE)	MILE (AT HOME S)  (Ithis hospital) attended to sed alive an did (idid not) view the bad  AME (IVPE OR PRINT)	PRELITACION OFFICE FARM EIC)  He deceosed from  y after death.	and that in (my) (aur) opinion d  DEGREE  ATTENDING PHYSICIAN  172. ADDRESS	medical STAFF DIRECTOR PHYSICIAN DATE ON STAFF	19 that (I) (we) us and from the causes stated

2120AUG 3

\_1050 York Rd

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled should be detached for use as the burial-transit permit. Then please remove carbonpopers: Pages 1 and 2 should be with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

attending physician.

TO HOSPITAL OR ATTENDING retained by the hospital or att

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH DECEASED NAME MONTH YEAR TYPE OR PRINT Kaufman Florine 5 DATE OF BIRTHOS 3. SEX 4. RACE AGE (IN YEARS LAST BIRTHDAY) FUNDER I YEAR YEAR FEMALE WHITE 78 06 CX XXX TA BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND BALTO, C. USA WIDOWED DIVORCED 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto Since hosp Boltomel HOUSEWIFE AT HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130, STATE APT. 501 13. STREET ADDRESS 134 INSIDE CITY LIMITS? 13c CITY OR TOWN 7111 park He mil Belton NO T 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE GREENEBAUM MIDDLE STMON LEONTINE BLOCH 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT MRS. LEWIS HEBS JR. (IF YES, GIVE WAR OR DATES) 215-10-6060 3519 BARTON OAKS RD. BALTO., MD 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. Grant cell antenitis onic Steroid there 20a AUTOPSY 196 CONDITION FOR WHICH OPERATION WAS PERFORMED NO YES T 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY

APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [] 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 21s. PLACE OF INJURY 211. LOCATION STATE CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK NOT WHILE 22a.1 certify that (1) this hospital) attended the deceased from June July 31 and that in (my) our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22ª ADDRESS ld b 222 W. Cold Smen Shoul 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23b. DATE 8/3/84 HEBREW FRIENDSHIP BALTIMORE COUNTY MARYLANTY

DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO. MD (VRA 15, 4)

21215

Ma Day Con Gandall

26 HOUR

#21215

21208

250. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

Market Service Committee

AND ALL BURE	June 15	,	Flamme
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	1200-035	Sweet Hay B	
THE P. H. Hayles Sec.	X	3	No.fr
		- C-0123 15101	
		The Cale	
	* 44	the same	
		3/3/2	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

- B	)	14	1-	FOR STATE REGISTRA
D		1,50		REGISTRA

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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10	-	REGISTRAR CERTIFICATE OF DEATH									
		CEASED NAME	FIRST	٨	AIDDLE	L	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
	TYPE	OR PRINT)	E.	HARVEY ĶA		YNE	AUGUST	5, 198	34	10:57A M	
	3 SEX		4	RACE		5. DATE O		6 AGE (IN YEARS LAST	BIRTHDAY)	# UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	MALE			WHIT	3	MAY	28, °1930 ***	54	YRS.	MONTHS DAYS	HOURS MIN.
S S once		RTHPLACE (STATE OR	FOREIGN 7		WHAT COUNTRY	Y? 8.	NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
\$35	]	MARYLAND		U	S.A.	WIDOWE		BALT	MORE C	ITY	MD.
notified	10. CI	TY OR TOWN OF DE	ATH 1		OSPITAL, NURS		ROTHER INSTITUTION	12a USUAL OCCUP			F BUSINESS OR
104		BALTIMORE		UNION	MEMORIA	L HOSP	ITAL	BUILDER			UCTION
and S	13a. S	AL RESIDENCE (IF NUR STATE RYLAND	13b. COUN				13e STREET ADDRESS / ZIP CODE 222 WENDOVER RD. 21218			.8	
nine	14. FA	THER'S NAME	M	NDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		LAS	T
-300		DR. LOUI		E.	KAY	NE	MARTHA				IBERG
medicol examin	166 WAS DECEASED EVER IN U.S. ARMI		MED FORCES? 166 SOCIAL SECURITY NO.		CURITY NO.	17 INFORMANT	ADI	ORESS		21218	
	166 WAS DECEASED EVER IN U.S. ARMED FORC 1765, NO OR UNKNOWN) (IF YES, GIVE WAR OR DAT 1870)				218-28-5377 MRS. LESLIE K					NXNXX	
event, the		18 CAUSE OF DEATH (Enter only one couse per line for rat, (b), and rat									MATE INTERVAL ONSET AND DEATH
eve	-	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CARDIAC ARREST									
of of				DUE TO, O	R AS A CONSEC	UENCE OF	ICE ICIONICI				
E no o +	Conditions, if ony, which gove rise to immediate								-		
other	cause (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF ENDOCATO ITS										
0 0	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0										
you'c	Z	PART 2. OTHER SIG	MIFICANTO	ONDITIONS <u>CC</u>	ZINI KIBUTING TI	O DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CO	MOTION GI	AEIA IIA LAKI 110	,
ony ir	190 DATE OF OPERATION 196 CO			196 CONDI	DITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206 IF YES, WERE FINDINGS USED			
	TIFIC						YES NO YES NO NO				
18 shows	CER	210. ACCIDENT WAS UN		216. TIME O		INJURY 21c HOW INJURY OCCURR		RED (ENTER NATURE OF	JURY IN ITEM 18	PART I OR PART 2)	
E /	AL	OR CONTRIBUTING [		H HOUR AL		19					
or frem	MEDICAL	216 INJURY OCCUR	RED	21e PLACE	OF INJURY	E EADAN ETC 1	211 LOCATION	CITY OF	TOWN	COUNTY	STATE
morked	2	WHILE NOT WHILE AT WORK			ELITACIONI OFFIC	The form of the family step		e seel			
DE SI		22s.1 certify that (I	) (this hospite	ol) ottenda h	e deceased from	Y	19.5.7	to			that (I) (we) last
21 is o	sow the deceased alive an								ur and from the	causes stated	
T. If Item		22b. SIGNATIJRE	MÉ	YEAH	aff,	MD	DEGREE ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN [	8/6	8 X
ORTANT:		17 PHYSICIAN'S N	AME ITTEL	fami.			22e ADDRESS				1
MPORTANT:	DR. JOHN MEYERHOFF					2435 W. BELVEDERE AVE.					
3 ≥	230 BURIAL, CREMATION, REMOVAL 236. DATE					EMETERY OR CREMATORY	236 LOCATION		COUNTY	STATE	
	l '	BURIAL		8/6/84	1 A	RLINGT	ON CEM	BALTIMOR	E	MARY	LAND

DHMH - 16 50M 4/83 (VRA 15, 4)

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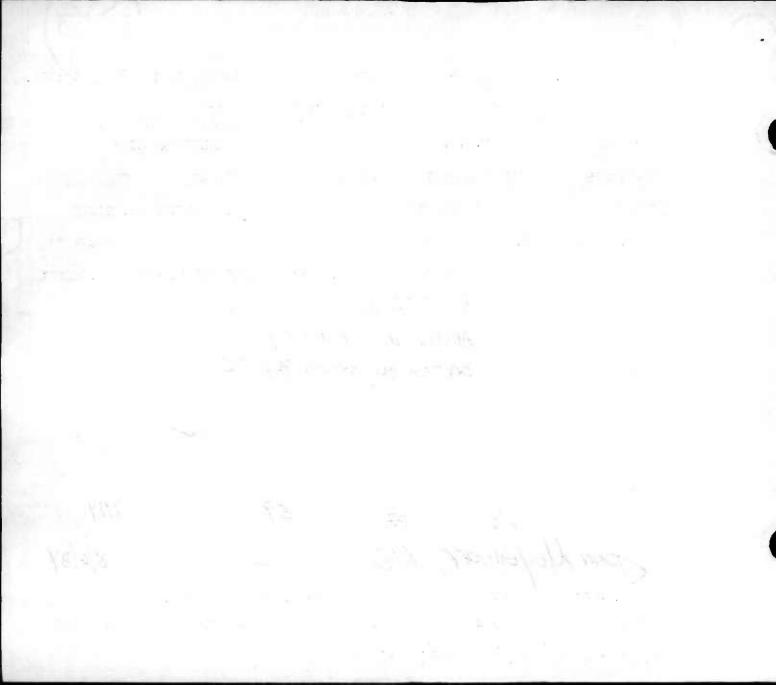
TO HOSPITAL OR ATTENDING retained by the hospital or off

24. FUNERAL DIRECTOR 74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

BALLIMURE 25a. DATE REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

MAKILAND

. Navidson-Randall



, BALTIMORE, MARYLAND 21201	
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W. PRESTON ST.	
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F VITAL RECORDS, 201	
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DIVISION OF	

1	_	em 4 per phone for state registrar	9/11/04 dad DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MEN' CERTIFICATE OF DEAT		2   5
		CEASED NAME FIRST OR PRINT) ETHE	MIDDLE G	KEENE	26. DATE OF DEATH MO	8 27 8 4 12 39
)	3 SE)	0	( aucasian			YRS.
to go ot out		OUNTRY)  USA	7b. CITIZEN OF WHAT COUNTRY?		CED 🗆	CITY
post/5		13ALTO	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACTLITY, GIVE STREET	ADDRESS)	120 USUAL OCCUPATION (1YPE OF WORK FOR MOIT OF WO Housewife: 1	
84	13a S	MA 136 COUN	D.A 1	TO YES NO	1 1256 CEST	
		MORRIS	MIDDLE LAST BEA	15. MOTHER'S MA	ADDRESS.	HARJESTY
medico		(AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECULAR OR DATES)	6188 Kenneth	a projection of	ey St. 21230  APPROXIMATE INTERV. BETWEEN CONSET AND DI
ior to buriol, cremotion, or rem by injury, or other troumatic eve	ATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost	ardiomes	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION  TO 1200 AUTOPS V? 121	ION GIVEN IN PART TO
Hygiene p	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJUR		V CERTIFYING CAUSES OF DEATH YES NO NO NITEM 18 PART 1 OR PART 2)
oith and Mental	MEDICAL	OR CONTRIBUTING CAUSE OF DEA  (IF EITHER NOTIFY MEDICAL EXAMINER  21d. IN JURY OCCURRED  WHILE AT WORK AT WORK  27d. Leastify that (III (this base)		19 211. LOCATION	CITY OR TOWN	COUNTY STA
with the State Dept of Hee MPORTANT: If Hem 21 is r		sow the deceased alive on	8/27-19- t) view the body offer death.	DEGREE ATTER PHYS 22e ADDRESS	Popinion death occurred on the date  NDING MEDICAL STAFF SICIAN DIRECTOR PHYSICIAN  S. IHANO VER	224. DATE SIGNED
with the S		SPECIFY)  LEMATION, REMOVAL  SPECIFY)  LEMATION		NAME OF CEMETERY OR CREAD OUT Park (eme	MATORY 23d LOCATION CITY OR TOWN Extern Baltimore	COUNTY
A 4/83	24 FI	ineral director Cully Funeral	Home 237 E. ADDA a	tapsco AVE.	AUG 3 1 1984	REGISTRAR'S SIGNATURE nde

20,000 TO THE RESIDENCE OF THE PARTY O c also ance on the factor of executed within 24 hours after death Page

requires that the death certificate be

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

etoined by the haspital or attending physicion

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director. # should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 haurs after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

- STATE REGISTRAR		CERT	IFICATE OF DEATH	REG. NO	O	
1. DECEASED NAME	FIRST	MIDDLE	LAST	2a DATE OF DEATH	MONTH DAY YEAR	26 HOUR
ALL ON PRINTI	TILLIE	KE	EIL	AUGUST 5	, 1984	7:45P. M
3. SEX	4 RACE	1	OF BIRTH	6. AGE JIN YEARS LAST BIRT	THDAY) IF UNDER TYE	
FEMALE	WHITE	DEĈĒ	MBER 12, 1906	77	YRS.	
TO BIRTHPLACE (STATE		WHAT COUNTRY? 8	IED Q NEVER MARRIED	9 BALTIMORE CITY O	_	
°°MÄRYLANI		A. WIDOV	VED DIVORCED	BALTIMORE		ME
10 CITY OR TOWN OF I		HOSPITAL, NURSING HOME		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOUSEWIFE		T HOME
BALTIMORE		EBERLE DR., APT		HOUSEWIFE	, A	r HOME
USUAL RESIDENCE (IFN 130, STATE MARY LAND	URSING HOME OR OTHER INSTITUTION	BALTIMORE	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 6610 EBERL	E DR., APT.	204 (2121
14 FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		LAST
ISRAE		ENGLE	RESSIE		RAY	CHENSKY
160 WAS DECEASED EV	ER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO	110-0			
NO		219-142315	222 ST. PAU	L PLACE BA	ALTO., MD	21202
PART 2 OTHER S	ofing the use lost (c) (c) (GNIFICANT CONDITIONS C	DR AS A CONSEQUENCE OF			DITION GIVEN IN PART  OF TO STATE OF THE STA	DINGS USED
OR COLUMNIC	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DAY YEA P.M. 15		RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART	?)
LIFEITHER NOTIFY A  21d INJURY OCC  WHILE NO AT WORK A		OF INJURY TREET, FACTORY OFFICE FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
sow the decided of the sound of	(I) (this hospital) attended to seed alive on the local price of the l	y ofter death.	ond that in (ii) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS 3635 OLI	death occurred on the	FF ZZC. DA	TE SIGNED
230 BURIAL, CREMATIC			CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN RAITIMO		MARYLAN

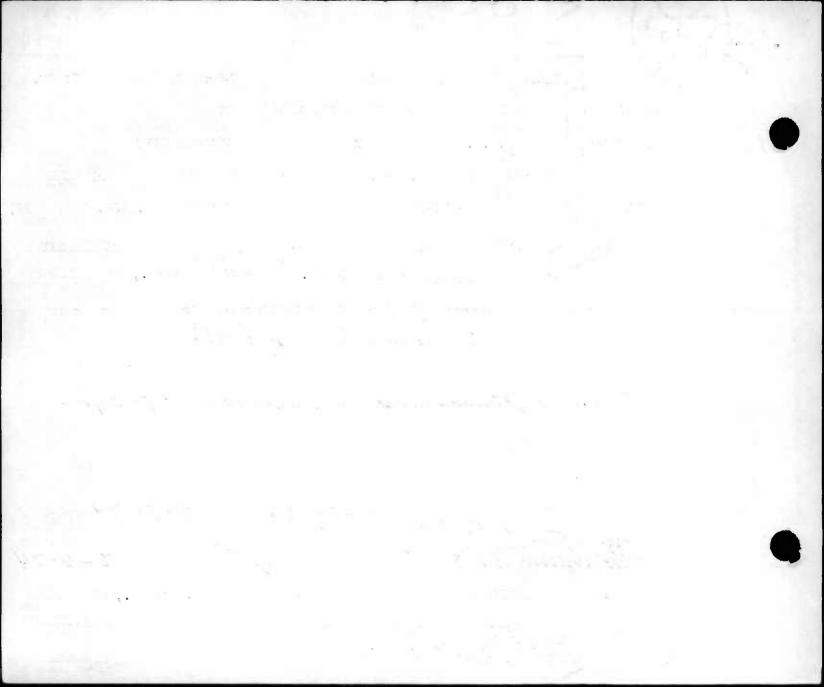
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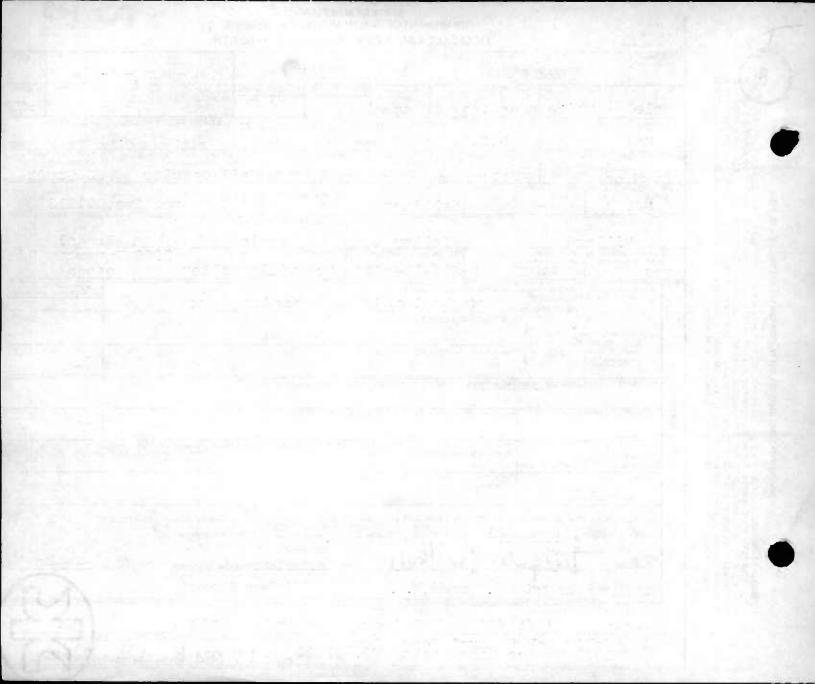
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6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215 24 FUNERAL DIRECTOR

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250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG .... navidson-Randelle





TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director. I should be detached for use as the burnol-transit permit. Then please remove carbanappers. Pages I and 2 should be filled within 72 hours of the with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical extra

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENT
- STATE	CENTIFICATE OF BEAT

AL HYGIENES

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101		REGISTRAR		CEKIT	ICATE OF D	EAIH	REG. NO.		
		CEASED NAME FIRSAL	ONZA	L	AST		20. DATE OF DEATH MONT	H DAY YEAR	26 HOUR
	1.14	/ALONZ	-O) T.	140	LLY	Sr.	8-	17-8	1120
	3. SE	x	4. RACE	5. DATE O			6. AGE (IN YEARS LAST BIRTHDAY)		
	4	M	B	MONTH 6	15	0 7	7.7	YRS DAY	5 HOURS MIN.
	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8			9 BALTIMORE CITY OR CO		
35		(aryland	U.S.A.	WIDOWE	D NEVER A	VORCED	BALTIMORE	CITY.	MD
	_	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME C			120 USUAL OCCUPATION	12b KIND	OF BUSINESS OR
3	В	Baltimore	PROVIDENT HO	ADDRESS) SPIT	ΔΤ.		(TYPE OF WORK FOR MOST OF WOR	KING LIFE) INDUSTR	Υ
-	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)					
35		ryland	Baltin		13d INSIDE C	NO -	3500 Denn1	. D.d	21215
		ATHER'S NAME		1016		MAIDEN NA	WE Dettill	yn Rd.	21215
20	N	William	Kellv			liza	MIDDLE		LAST
7	16a V	MAS DECEASED EVER IN ITS AS	MED FORCES? 16b. SOCIAL SECUI	RITY NO.	17. INFORMA		ADDRESS	Ino	mpson
1	- (	YES NO OR UNKNOWN) (IF YES, GI	E WAR OR DATES)	H 18	Ressi	e Kell	y Davis 152	6 N A=	nlatan
			1		реззі	e Kell	y Davis 132		pleton DXIMATE INTERVAL NONSET AND DEATH
			D BY: CARDIOP	LII ME	MARINA	ARK	PEST	BETWEE	N ONSET AND DEATH
		IMMEDIA	IE CAUSE (U)						
		Candistant 1	DUE TO, OR AS A CONSEQUE	NCE OF	VACHO	MA-I	INFARCTO	MU	
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		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF	ATU C	no house	scular Dise	-107	
		DART 2 OTHER SIGNIFICANT	( AIREIOS						
	Z	KIER	CONDITIONS CONTRIBUTING TO D	ALE I	MANA	10 THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART	110
-0	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFO	RMED	200 AUTOPSY?   20b	IF YES, WERE FIND	INGSTISED
4	IFIC						_ INC	CERTIFYING CAUSE	ES OF DEATH?
+	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121c HOW IN	JURY OCCURR	YES NO CONTENT NATURE OF INJURY IN 171	YES	NO 🗆
9		OR CONTRIBUTING CAUSE OF DE	TH HOUR A.M. MONTH DA	Y YEAR			TENTER HANDRE OF HANDRI HAND	IN ID PART OF PART 21	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED	P.M.	19	ŽII. LOCATIO	N .			
	ME	WHILE O NOT WHILE O	(AT HOME STREET, FACTORY, OFFICE, FA	ARM, ETC )	STREET		CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK	And a second of the second of	HIGH	76	04	biraid I	7 04	
		sow the deceased alive on		- /2		(pur) opinion o	death occurred on the date on	19 0 7	that (1) (we) lost
		obove, (I) (we) (did) (did no	t) view the body ofter death.		GREE	·			e couses stated
		(PS)10	10,110	n.	X	TTENDING	MEDICAL STAFF	271.04	Tlath
		27d. PHYSICIAN'S NAME LITYPE OF	recoc	100		HYSICIAN [	DIRECTOR PHYSICIAN	10/1	1/84
1			EJEME		27e ADDRESS	MYN:	ENT HOS	PITA	1
-					PRO	417	6/4/ 110	ZI (M	-
	23a. B	BURIAL, CREMATION, REMOVAL			s Mem.		23d LOCATION	COUNTY	Md STATE
		•	0/21/04 AI	Du Lu	o mem.	FK,	Arbutus,		Md.
	1771	UNERAL DIRECTOR	ADD RESS			AT IT	PECD. BY REGISTRAR 246 RI	LIGHT AR'S SICTED	House
	W	m C March F/I	Inc. 1101 E	Nort	h Aver	ue	5 0 1004 V		4

DHMH - 16 50M 1/B1 (VRA 15, 4)

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etoined by the hospital or attending physician.

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20M 4/82

STATE OF MARYLAND

ATTENDING PHYSICIAN: The low

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	.	- STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYC		G. NO.				
1	1. DÉ	CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DE 4		DAY	YEAR	2b. HOU	JR.
	(TYPE	Miss Mar	21/	В.	Ko	nney		3	24	84	4:40	D
)	3 SE		4. RACE	В.	5. DATE C		6. AGE (IN YEARS L			DER I YEAR	IF UNDER	
1		emale	Caucas	ian	MONTE		83		MONTH	S DAYS	HOURS	MIN
)		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.		9 BALTIMORE C	TY OR COU		DEATH		
66		aryland		States	MARRIE	D NEVER MARRIED		more C				
100		ITY OR TOWN OF DEATH			WIDOWE	DR OTHER INSTITUTION	12a. USUAL OCCI			b. KIND O	F BUSINE	A SS C
37		altimore	Merc	y Hospita	ADDRESS)		Veteran					
35	13a. S	AL RESIDENCE (# NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION JNTY	13t. CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS?	13. STREET ADDR	ESS Charle	s St	reet	Apt	t./
	14. F/	ATHER'S NAME	WIDDLE	LAST		IS. MOTHER'S MAIDEN NA	ME	DIE			,	
00		John	MIDDLE	Kenney		Mary			0	'Nei	Ī	
,		WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT SZ	ew (ZUK)	DDRESS 24	Heuch	REJU	ASTON.	د. سر
	(	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	217-44-0	753	MANY AND TO	Amay 31	IKine:	cKAu	7	10 21	115
			only one cause ne			WENTEY TOO I TO	0100010	TUFIE	T		MATE INTER	VAL
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nlory, or other its	NO	couse (o), stoting the	(c)_	OR AS A CONSEQUE	ENCE OF	ISIVE CAN	DIO VASC	ulan	٥	15EA	38.	
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Since of injury, or other rec	CAL CERTIFICATION	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	CONDITIONS	OR AS A CONSEQUE  HYPE  ONTRIBUTING TO D	OPERATIO	NOT RELATED TO THE TERM	NINAL DISEASE OR	CONDITION  20b. IF	GIVEN IN	PART 110 RE FINDING CAUSES	NGS USER	D TH?
rked or Item 18 shows ony injury, or other fro	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	19b. CONDITIONS C  19b. COND	OR AS A CONSEQUE  HYPE  ONTRIBUTING TO D  ONTRIBUTING TO D  ONTRIBUTING TO D	OPERATION  AY YEAR  19	NOT RELATED TO THE TERM	INAL DISEASE OR  ZOO AUTOPSY  YES NO  RED (ENTER NATURE O	CONDITION  20b. IF	GIVEN IN  YES, WE RTIFYING YES   A 18 PART 1 0	PART 110 RE FINDING CAUSES	NGS USEI OF DEAT	D TH?
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MVCKIANI: If them 21 is morked or them 18 shows only injury, or other tra		COUSE (O), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN  210. INJURY OCCURRED  WHILE ALWORK ALWORK  220. I certify that (I) (this has sow the deceased alive cobove, (I) (was) (did) (died and south of the colored of the cobove, (I) (was) (did) (died and south of the colored of the cobove, (I) (was) (did) (died and south of the colored of the cobove, (I) (was) (did) (died and south of the colored of the cobove, (I) (was) (did) (died and south of the colored of the cobove, (I) (was) (did) (died and south of the colored of the cobove, (I) (was) (did) (died and south of the colored of the color	CONDITIONS C  19b. COND  19b. COND  19b. COND  19b. COND  21b. TIME ( HOUR A  FR  21c PLACE (AT HOME. 5)  10b. View the body  COR PRINT) ( COR PRINTT) ( COR PRINT) ( COR PRINT) ( COR PRINT) ( COR PRINT) ( COR PRIN	OR AS A CONSEQUE  HYPE  ONTRIBUTING TO D  ONTRIB	OPERATION  OPERATION  AY YEAR  19  FARM. ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION STREET  21l. LOCATION OF THE TERM ATTENDING PHYSICIAN  22c. ADDRESS	INAL DISEASE OR  ZOO AUTOPSY  YES NO  RED (ENTER NATURE C	CONDITION  20b. IF IN CE  FINJURY IN ITEM  OR TOWN  The dote and  STAFF HYSICIAN	GIVEN IN  YES, WE RTIFYING YES   118 PART 10	N PART 116 RE FINDING CAUSES DR PART 2) COUNTY from the	NGS USE OF DEAT NO [	TH?

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FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	REG. NO.	17			
	20 DATE OF DEATH MONTH	12'	YEAR 84	26. HOL	A.
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	LYEAR	IF UNDER	24 HR
AR	82 400	MONTHS!	DAYS	HOURS	A/ IP

I. DECEASED NAME FIRST MIDDLE TYPE OR PRINTS 3. SEX 4 RACE 5. DATE OF BIRTH MONTH JUNE WHITE 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? I STATE OF FOREIGN MARRIED NEVER MARRIED WIDOWED -3ALTO. DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION O. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) h EDMONSON DEEWAY USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION 130, STATE 130, COLINTY GIVE RESIDENCE BEFORE ADMISSION CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 9210 YES NO 5743 EDMUNSON 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE ARTIN TALLA 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: DNGES IMMEDIATE CAUSE IO ASCU.D DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) WHILE NO! WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 84 saw the deceased alive an. , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE MEDICAL ATTENDING STAFF

22d PHYSICIAN'S NAME

22e ADDRESS

DMONDSON BUE.

DIRECTOR PHYSICIAN

230. BURIAL, CREMATION, REMOVAL 236. DATE BURIAL

23¢ NAME OF CEMETERY OR CREMATORY HEART

PHYSICIAN

23d. LOCATION CITY OF TOWN COUNTY DYNDACK

MD.

STATE

MD.

17h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

INDUSTRY

DHMH - 16 50M 4/82 (VRA 15, 4)

74 FUNERAL DIRECTOR ONNELLY FUNERAL HOME 300 MACE AVE

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

YES [

COUNTY

22c. DATE SJGNED

BURELL SOLD FOR THE STATE OF TH

20M 4/82

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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David   Section   Sectio	-	_		1 241		720	THAT								JC 1(C	Juu_
ILE   MAS DECEASED EVER IN U.S. ARMED FORCES? (MES. NO. OB UNKNOWN)   (MES.	ba	vi	rirst d		MIDDLE		Ketc		Sr.	Ma	FIRST				Zeio	aleho
Severa Pk, MD.	160 V	WAS	DECEASED EV			RCES?								OGES BE		
18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).)   PARTI DEATH WAS CAUSED BY:   CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).)   PARTI DEATH WAS CAUSED BY:   CAUSE OF DEATH OF ORE AS A CONSEQUENCE OF (b)			, OR UNKNOWN)	(IF YES, GIVE	WAR OR DA	ATES)	213	-09-	1858	Bett	V L.	Wible		everr	na Pk	c, MD.
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DUE TO, OR AS A CONSEQUENCE OF  Goderins, if any, which gove rise to immediate cause (a) stating the under- lying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 DINKE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  4: 30 m. 8 -13 - 19 84 Subject was electrocuted while operating 216. HOURS MANONTH DAY YEAR CONTRIBUTING CONTRIBUTING CAUSE OF DEATH  4: 30 m. 8 -13 - 19 84 Subject was electrocuted while operating 216. EVERTAL CAUSE WAS WHILE AT WORK  NOT WHILE AT WORK  216. PLACE OF INJURY CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING  216. PLACE OF INJURY CONTRIBUTING CONTRIBUTION COUNTY COUNTY M.D. ASSISTANT MEDICAL EXAMINER  DATE SIGNED 8-14-  EXAMINER'S NAME COUNTY M.D. ASSISTANT MEDICAL EXAMINER  COUNTY MAD COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY MAD COUNTY MAD COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY MAD COUNTY COUNTY MAD COUNTY COUNT			PART I DEATH	WAS CAUSE	D BY:	,									-	BETWEEN ON
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DUE TO, OR AS A CONSEQUENCE OF    December			Canditians,	if any, which	- 1											
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196 DATE OF OPERATION   198 CONDITION FOR WHICH OPERATION WAS PERFORMED?   210 AUTOP: YES \( \)   196 DATE OF OPERATION   198 CONDITION FOR WHICH OPERATION WAS PERFORMED?   210 AUTOP: YES \( \)   196 EXTERNAL CAUSE WAS UNDERLYING		-			- (	(c)								-		
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AT WORK AT WORK Yard 2424 Suncrest Rd. Balto.  220   Certify that I taak charge of the remains described above, held an Autopsy X., Inspection, Inquiry, and in my apinion death resulted fram: Natural causes, Accident X., Suicide, Hamicide, Undetermined manner,  TITLE (SPECIFY)  M.D. ASSISTANT MEDICAL EXAMINER SIGNED 8-14-  EXAMINER'S NAME AND DIXON M.D. ADDRESS 111 Penn St., Balto., Md. 21201  230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY)  Burial 8/17/1984 Oak Lawn Baltimore Mar  24. FUNERAL DIRECTOR DUCA—Ruck, Inc.  250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNANUE	10	UN	DERLYING	X <sub>OR</sub>					EAR							
AT WORK AT WORK Yard 2424 Suncrest Rd. Balto.  220   Certify that I taak charge of the remains described above, held an Autopsy X., Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident X., Suicide, Hamicide, Undetermined manner,  TITLE (SPECIFY)  M.D. ASSISTANT MEDICAL EXAMINER SIGNED 8-14-  EXAMINER'S NAME AND M. DIXON M.D.  ADDRESS 111 Penn St., Balto., Md. 21201  230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)  Burial 8/17/1984 Oak Lawn Baltimore Man  24 FUNERAL DIRECTOR DUCA—Ruck, Inc.  250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNA HUPE  MANAE  250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNA HUPE  MANAE  250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNA HUPE  MANAE  250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNA HUPE  MANAE  250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNA HUPE  MANAE  250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNA HUPE  MANAE  250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNA HUPE  MANAE  250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNA HUPE  MANAE  M.D. AUTOMATICAL STANDARD AND AND AND AND AND AND AND AND AND AN	Š										was e	erectr	ocuted	wnii	e ope	
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death resulted fram: Natural causes , Accident X, Suicide , Hamicide , Undetermined manner ,  TITLE (SPECIFY)  M.D. ASSISTANT MEDICAL EXAMINER SIGNED 8-14-  EXAMINER'S NUME Ann M. Dixo, M.D. ADDRESS 111 Penn St., Balto., Md. 21201  236. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY)  Burial 8/17/1984 Oak Lawn Baltimore Man  24 FUNERAL DIRECTOR Duda-Ruck, Inc.  256. DATE REC'D. BY REGISTRAR 256. REGISTRAR 256. REGISTRAR 256. REGISTRAR 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR 256. RAMEDER  MANAGE PROPERTY OF CREMATORY (SPECIFY) REGISTRAR 256. DATE REC'D. BY REGISTRAR 256. DATE REC'D. BY REGISTRAR 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR 256. DATE REC'D. BY REGISTRAR 256. DATE REC'D	1	AT	WORK A	I WORK	4		yard		24	24 Sur	ncrest	Rd.	1.00		Balt	to.
TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER  EXAMINER'S NAME AND M. Dixon, M.D.  EXAMINER'S NAME AND M. Dixon, M.D.  ADDRESS 111 Penn St., Balto., Md. 21201  236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY CITY OR TOWN BURIAL BURIAL DIRECTOR DUCA—Ruck, Inc.  1256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE  256. DATE REC'D. BY REGISTRAR 256. REGISTRAR 256. REGISTRAR'S SIGNATURE  256. DATE REC'D. BY REGISTRAR 256. REGISTRAR 256. REGISTRAR'S SIGNATURE  256. DATE REC'D. BY REGISTRAR 256. REGISTRAR			22a I certify th	at I taak charç	ge of the	remains des	cribed ab	ave, held a	n Auto	psy X	Inspectio	ın .	Inquiry [	, and in	n my apinio	on
Ann M. Dixon, M.D.    EXAMINER'S NAME   Ann M. Dixon, M.D.   ADDRESS   111   Penn St., Balto., Md. 21201	1	de	ath resulted f	ram: Natu	ral cause	es 🔲,	Accident	X,	Suicide [	], Hami	icide .	Undetern	nined manne	er .		
EXAMINER'S NAME Ann M. Dixon, M.D.  ADDRESS 111 Penn St., Balto., Md. 21201  236. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY)  Burial 8/17/1984 Oak Lawn Baltimore Man  24. FUNERAL DIRECTOR Duda—Ruck, Inc.  1256. DATE REC'D. BY REGISTRAR 1256. REGISTRAR 25 SIGNA RUPE  1256. DATE REC'D. BY REGISTRAR 1256. REGISTRAR 25 SIGNA RUPE  1256. DATE REC'D. BY REGISTRAR 1256. REGISTRAR 25 SIGNA RUPE  1256. DATE REC'D. BY REGISTRAR 1256. REGISTRAR 25 SIGNA RUPE  1256. DATE REC'D. BY REGISTRAR 1256. REGISTRAR 25 SIGNA RUPE  1256. DATE REC'D. BY REGISTRAR 1256. REGISTRAR 25 SIGNA RUPE  1256. DATE REC'D. BY REGISTRAR 1256. REGI				1						TITLE (	SPECIFY)					
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TYPE OR PRIM   ATH M DIXON   M.D.   ADDRESS III Penn St., Balto., Md. 2120.	4	EY	MINEP'S NA	( )	- 2	47	-0 -									
Burial 8/17/1984 Oak Lawn Baltimore Maj 24 FUNERAL DIRECTOR DUCIA – Ruck, Inc.		(TY	PE OR PRI											Ito.,	Md.	21201
14 FUNERAL DIRECTOR Duda-Ruck, Inc.	(5	SPECIF	Y)				1			OR CREMAT	ORY	CITY OR	TOWN		COUNTY	
24 FUNERAL DIRECTOR DUCA - Ruck, Inc.					8/17	//198	4 C	ak I	awn			Bal	timo:	re	100	Mar
ADDRESS A COLOR JOSEPH A MARCHANA JOSEPH A COLOR A COL	24 F	UNE	RAL DIRECTO	Duda-I	Ruck	c, In	C.				250. DATE	REC'D. BY RE	GISTRAR	256 REGISTE	PAR'S SIGN	NATURE
7922 Wise Avenue Dundalk, MD. 21222 AUG 1 7 1984	70	22	Wise	Aven	ue	Dun	dalk	, ME	. 21	222	A1	1617	1984	Gullard	Dankaya.	w-Navio

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

offending physicion

etoined by the hospitol or

BP.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR - STATE REGISTRAR	DEPAR		FEALTH AND MEN		IENES 64 6		6-
	CEASED NAME FIRST ACTON	MIDDLE	К	eys JR		20. DATE OF DEATH MONTH	27 84	26. HOUR 45
3. SE	×M	A RACE	5. DATE (		\$23	6. AGE (IN YEARS LAST BIRTHDAY)  6 O  YRS.	MONTHS OAYS	IF UNGER 24 HRS HOURS MIN.
1	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	Y? 8. MARRIE WIDOWI	D NEVER MAR	RIED	BALTIMORE CITY OR COUNT	CIT Y	MD.
10. C	SACTIMORE		IAL H	OSPITAL	TION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING UNEMPLOYED		OF BUSINESS OR
130.	STATE 136 COUI	ROTHER INSTITUTION GIVE RESIDENCE BEFORE  NTY 13c. CITY OR TO	WN				ier st	21218
14. F/	ATHER'S NAME FIRST Aaron	MIDDLE Kevs		15. MOTHER'S MA		MIDOLE	LAS	)T
(	WAS DECEASED EVER IN U.S. AF		CURITY NO. 646 2	17. INFORMANT	evs	ADDRESS 2035 East 31	lst Str	eet
NOI		DUE TO, OR AS A CONSEO  (b)  DUE TO, OR AS A CONSEO  (c)  CONDITIONS CONTRIBUTING TO  DSTUCUTOR	UENCE OF	NOT RELATED TO	(1) -	INAL DISEASE OR CONDITION G	IVEN IN PART 11	0
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	ON WAS PERFORM		200 AUTOPSY? 20b. IF Y	ES, WERE FINDIF FIFYING CAUSES YES []	
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	DAY YEAR	211. LOCATION	Y OCCURR	CITY OR TOWN	COUNTY	SIATE
¥	WHILE NOT WHILE 220.1 certify that (I) (Ins hasp	ital HOME, STREET, FACTORY, OFFIC			r) pinion o			that (I) (we) last
	22b. SIGNATURE	bles ind		PHY	INDING SICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE 8.	\$1GNED 29,84
	RIMA F	P habbar	UP	22 ADDRESS UNION	Me	emorial Hospita	al Ba	ltimore
	BURIAL, CREMATION, REMOVAL BURIAL			on Fore		A Owings Mill	COUNTY	STATE M.d.

DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the triental asshould be detached for use as the burial-transit permit. Then please remayer corbon papers. Pages 1 and 2 should be filed—into 7 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be notified at access.

Hotel 4

24 FUNERAL DIRECTOR (VRA 15, 4) C March F/H Inc.

ADDRESS 1101 E North Avenue

Garrison Forest VA Owings Mills. Md

25 DAVE REC D. BY REGISTRAN BY REGISTRAN S SIGNATURE AUG 29 1884

Caren Avenue Till a care Avenue

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH MIDDLE MONTH YEAR 26 HOUR 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR 65 19 ucasian BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Th KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY DEPT. OF MAIL ROOM Baltimore General MOTOR VEHICLES 13c CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET ADDRESS NO S BALTO, HGLDS 3812 BALTIMORE STREET. 15. MOTHER'S MAIDEN NAME HOFFMAN LANCASTER CATHER INE 16b. SOCIAL SECURITY NO 17 INFORMANT MONROVIA, MD. 21770 4799 MID-COUNTY CT 218-01-5183 | WILLIAM W. KEYS. JR. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) YEAR 19 211 LOCATION

PART I. DEATH WAS CAUSED BY: Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21g. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a I certify that (this haspital) attended the deceased from saw the deceased alive ar nd that in (ng) (our) apinian death occurred an the date and have and from the causes stated (we) (did) (did not) view the DEGREE 22c DATE SIGNED ATTENDING MEDICAL

PHYSICIAN

80 d b

DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR (VRA 15, 4)

FOR

- STATE

CTYPE OR PRINTI

COUNTRY

3. SEX

REGISTRAR

emale

CITY OR TOWN OF DEATH

BALTIMORE

MARYLAND

WITITIAM

HEATHER'S NAME

NO

FIRST

136 COUNTY

BALTIMORE

H.

(IF YES, GIVE WAR OR DATES)

4 RACE

HFLEN

( STATE OR FOREIGN

160/WAS DECEASED EVER IN U.S. ARMED FORCES?

DECEASED NAME

230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL 08-23-84 23c. NAME OF CEMETERY OR CREMATORY MEADOWRIDGE MEM PK.

22e ADDRESS

23d LOCATION CITY OR TOWN ELKRIDGE

DIRECTOR PHYSICIAN

HOWARD MARYLAND

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ALIC O O

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	(C) - 117				1
	Same A			OM	1
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a region a	Clare and	EFT-ANGO		BALANTE	
TO THEOD STREET		25-10-252			
		A A STORY OF THE			
		e la company			

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

PARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE
CE	RTIF	ICATE	OF	DEATH	

TO DATE OF DEATH MONTH 7b. HOUR 08/29/84 Kherat IF UNDER TYEAR DATE OF BIRTH Jan. 13, 1950 AR

White Female 14. BIRTHPLACE I STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED co Algeria Algeria

WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Baltimore City 17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife

9 BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR

Baltimore The Johns Hopkins Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
131. CITY OR TOWN

Fatiha

4 RACE

Algiers

Belkhod ja

13d. INSIDE CITY LIMITS? IS MOTHER'S MAIDEN NAME

Aicha

MIDDLE

Zerrouk 160. WAS DECEASED EVER IN U.S. ARMED FORCES?

FOR - STATE REGISTRAR

(TYPE OR PRINT)

3. SEX

DECEASED NAME

IN CITY OR TOWN OF DEATH

Algeria

no

14. FATHER'S NAME

CERTIFICATION

MEDICAL

16h SOCIAL SECURITY NO

17 INFORMANT

Belkhod jast ADDRESS

LYES. NO OR UNKNOWN) Rachid Kherat SAme none

18. CAUSE OF DEATH (Enter only one couse per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ARDIAC ARREST	APPROXIMATE THERMA BETWEEN ONSET AND DE
DUE TO, OR AS	A CONSEQUENCE OF	24 hrs
gove rise to immediate couse (a), stating the	A CONSEQUENCE OF SIMPATIO INTIDVASCULIA CO	syulation 3 weeks

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 BONE MARROW TIANSPIANT FAILURE, SIP RINAL

190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 71e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC )

21f LOCATION CITY OR TOWN

ATTENDING

COUNTY STATE

220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on \$25 above, (I) (we) (did) (did not) view the body after death.

8/29

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

77e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

WILLIAM G. KAELIN

600

ST.

BLUE. MD.

230. BURIAL, CREMATION, REMOVAL

22b. SIGNATURE

WHILE NOT WHILE

Sept.1,1984Fl-Madania

TERY OR CREMATORY

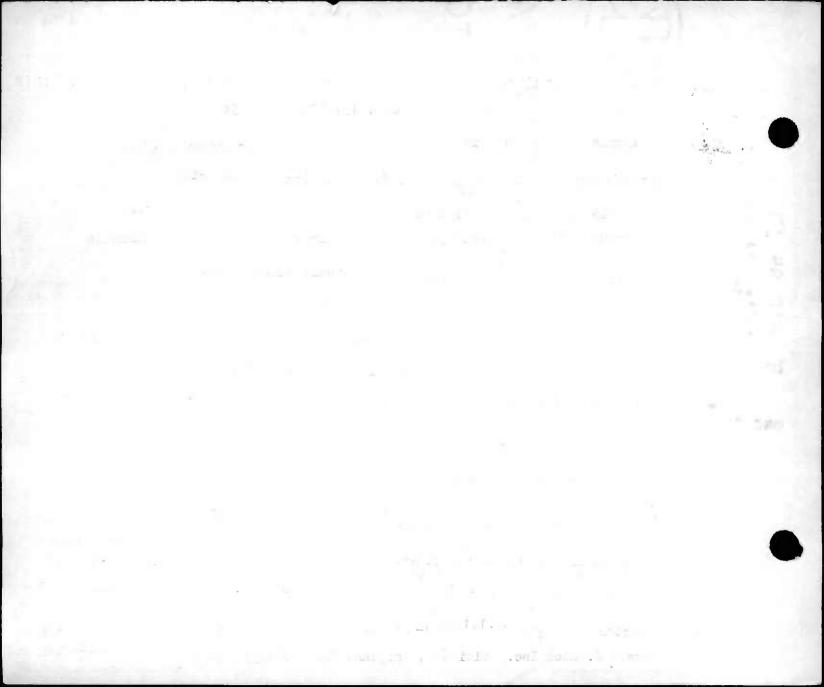
23d LOCATION CITY OR TOWN

Algeria

Burial 24 FUNERAL DIRECTOR

Leonard J. Ruck Inc. Baltimore, Maryland USA

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AUG 3 0 1984



law requires that the death certificate be

OR ATTENDING

	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 4	2 1 5	2 4
death death		OR PRINTI		*	CIFER	AUGUST	13.1984	3 • 45A M
~	3. SE)	EMALE	WHITE	5. DATÉ C	19 1913	6 AGE (IN YEARS LAST BIRT	YRS.	IF UNDER 24 HRS HOURS MIN.
(A)	10	TY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTR	MARRIE	4	BALTIMORE CITY OF	COUNTY OF DEATH  ON 126, KIND O	MD. DE BUSINESS OR
35	B	ALTIMORE  ALTIMORE  ALRESIDENCE DE NURSING HOME OR	CHURCH H	OSOI	TAL	HIME MAN	WORKING LEE) INDUSTRY	
should be	m	ARHAND 136 COUNTIES NAME			13d INSIDE CITY LIMITS?  YES NO   15 MOTHER'S MAIDEN NA	13 STREET ADDRESS	ILTON AV	71229
col grown		NILLIAM VAS DECEASED EVER IN U.S. AR	POWELL LAST MED FORCES? 166 SOCIAL SE	CURITY NO.	LINKHO!	ADDRE ADDRE	LA SS	st
ers. Pages I.		res no of unknown) (IF YES, GIV	re war or Dates)		MRS. DORO	THY PETTY	149 N.MI	HON A VE
signed by the attending phys hen please remove corbon pag to burial, cremation, ar remove ijury, or ather troumatic event,	N	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last.	D BY:	CED CA	RCINOMA SI		METASTAS:	IS
permit. T	CERTIFICATION	190. DATE OF OPERATION AUGUST 1	1%. CONDITION FOR WHITE		WET.	200 AUTOPSY?  YES □ NO ▼	20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	
certificate rial-transit ental Hygis ltem 18 sha	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH P.M.		ZI C HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
as the bur th and Me	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC )	211 LOCATION STREET	CITY OR TO	VN COUNTY	STATE
d for use t of Heal	1	sow the designed they on obove (0.00 m) (did let did	AUGUST 13 19 of view the body after death	84 or	d that in (my (aur) pinion	4 , to AUGUS death occurred on the do	te and hour and from the	causes stated
RAL DIRECTOR DESCRIPTION OF THE PROPERTY OF T		776 SENATURE	elmo	mus	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	FIAN X 87	13/84
should be deta with the Stote		GOPAL GU	RUSWAMY, M.D		100 N. BR	URCH &HOSP OADWAY BAL		
	L	ONAL CREMATION, REMOVAL	8/15/1984/	DAMA	EMETERY OR GRIMATORY CUS CHURCH 250. D	CBIS COS	E TANKETON	LA PARA
16 50M 4/83 A 15, 4)	R	YMOND L. KAC.	Lorowski 23	25 FL	EET ST.	TOO 4 Market	ACCISIKAR S SIGNA	IONE

DHMH - 16 50M 4/83 (VRA 15, 4)

EDITH DIE KIER WELLER FEDDALE WHITE STYLDS THE WASTER BUILDINGSE CITY SALTANCIEC CHILREN HOSINTEL HURBERS Marine Commercial 14 July 18 Millian 18 18 18 WILLEAM POWELL LOWING SING NO DECOMP TEXT J 14 STUDIES OF SE DECKSON SHEPPER DEM SOURCE TO SEE THE STORY KINGGLANGER WESTS HEET ST.

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2.	 Con	.3
(ine	-	

		STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME ORPRINT)	Joseph	MIDOLE T.	L	ing	20. DATE OF DEATH	8 / 13	1-11	26. HOUR 12:30 A
	3. SEX		4 RAG	wh. Te	S. DATE (		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MI
35		RTHPLACE (STATE ORFICOUNTRY) MARY/AN	OREIGN 76. CI	TIZEN OF WHAT COUNTR	Y? 8. MARRIE WIDOWE	DE DIVORCED	BALTIMORE CITY OF	R COUNTY O	CITY	-
37			Re "	IAME OF HOSPITAL, NURS FNOT IN SUCH FACILITY, GIVE STRI MCRC Y	EET ADDRESS!	PITAL	120 USUAL OCCUPATION OF COMMON OF CO			BUSINESS
35	13a. S	Md	NG HOME OR OTHER 13b. COUNTY	INSTITUTION GIVE RESIDENCE SET 13th CITY OR TO 13A / 7/1		134. INSIDE CITY LIMITS? YES NO [		219h A	ve 2	1206
30		THER'S NAME FIRST FIRST	US MIDDLE	KIN	6	15. MOTHER'S MAIDEN NAI	MIDDLE		TRU	ent.
Dedico		VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARMED F	OR DATES)	CURITY NO. 2-5883	MARIEF. K	ING 5509		igh A	21206
or other		gove rise to imm cause (a), stating underlying couse	g the	UE TO, OR AS A CONSEC	DUENCE OF			4		
inlury.	NOI	PART 2 OTHER SIGN	IFICANT COND	ITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	I IN PART 110	
Sows only inlusty.	TIFICATION	PART 2 OTHER SIGN		ONTRIBUTING T			200 AUTOPSY?  YES NO 127	20b. IF YES, V	VERE FINDIN	GS USED
rked or item 18 shows any injury.	MEDICAL CERTIFICATION		DERLYING 2  AUSE OF DEATH CALEXAMINER) ZED 2		CH OPERATIO DAY YEAR 19		286 AUTOPSY?	206. IF YES, V IN CERTIFY II YES   RY IN ITEM 18 PART	VERE FINDIN NG CAUSES	GS USED OF DEATH?

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

24 FUNERAL DIRECTOR PARTLEY MILLER FUNERAL HOME 7527/HARERDRA ALIG 1

250 DATE REC'D. BY REGISTRARYS REGISTRAR'S SIGNATURE DE

THE YARREST A STATE Medery Institute Mechanic ast Rathers X - Sport allegt the areas MILE ST. CO NOW THE STATE SHARE IN VIEW SEAL WATER AND CAL SEAR LES Harrier Miller Sweet Was Town the South completely filled in by the funeral and 2 should be filed within ??

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injury, or other troumatic event, the

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		STATE	OF MARYLAND		0 1 1 1 1
1	FOR	DEPARTMENT OF HE	ALTH AND MENTAL HYGI	ENEZ 4	2. 1 2 2 4
1 -	STATE REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO	
LDE	CEASED NAME FIRST	MKDDIE IA	ST 1		AONTH DAY YEAR 26 HOUR.
	OR PRINT)		1,4	W. DAIL OF DEATH	3 11 01140
	Na Pol	- eon NMN	King	5	8-16-8X/ PM
3. SE	x / 4	RACE 5. DATE OF		6 AGE (IN YEARS LAST BIRTH	
	Male	Black 4	DAY YEAR	73	YRS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	□ NEVER MARRIED □	9. BALTIMORE CITY OR	COUNTY OF DEATH
	VIRGIALIA	U. SA WIDOWED		LBAUNT	one ma con 7 MD
10 CI	TY OR TOWN OF DEATH		ROTHER INSTITUTION	170 USUAL OCCUPATIO	WEDLICTOY
13	BALTIMORE	BOM SECOUR	LAOSVITAL		working life) INDUSTRY  La gorb
	AL RESIDENCE OF NURSING HOME OR OT ATE		YES NO	13. STREET ADDRESS	LONVALE ST
IA FA	THER'S NAME	7 41 69 7	15. MOTHER'S MAIDEN NAM		2.41 /7
		DDLE LAST		PATT 6705	ON LAST
	VAS DECEASED EVER IN U.S. ARME		17 INFORMANT	ADDRES	S
6.	YES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)	MARIE Lan	11111	
		214-20-1-2	1 449	130	Luckellan W19
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED)	ane cause per line for (a), (b), and (c).)			BETWEEN ONSET AND DEATH
	IMMEDIATE		tisks (C	avenous	er Liver
	WWILD IN L	DUE TO, OR AS A CONSEQUENCE OF	wing Fail	une	Co.
	Conditions, if ony, which	( 1b)			
	gave rise to immediate couse (a), stating the	DATE TO OR AS A SOMESTIME OF			
	underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
		(c)			
z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN IN PART 110
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS DEDSORATED	20a AUTOPSY?	206, IF YES, WERE FINDINGS USED
2	DATE OF OPERATION		WAS LEKLOKWED	200 AUTOFSTS	IN CERTIFYING CAUSES OF DEATH?
E	NI	NIA		YES NO	YES NO
Ü	71a. ACCIDENT WAS UNDERLYING	116. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM TB PART LOR PART 2]
¥	OR CONTRIBUTING XXAUSE OF DEATH	P.M. 8-?-84	Fee	e and	improved to les
MEDICAL	71d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
ME	WHILE NOT WHILE TO	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	122011	ale St Ral	timore, Maryland
	AT WORK AT WORK	1 teme	2000 W. Lally		
	228 I certify that (I) (this haspital	I) attended the deceased fram	, 19	, to	, 19, that (I) (we) last

saw the deceased alive on \_\_\_\_\_ above, (I) (we) (did) (did not) view the body after death 22h SIGNATURE

22d PHYSICIAN'S NAME

22e ADDRESS

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cai should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar remaval. MPORTANT: If Hem 21 is morked or Item 18 shows ony retained by the haspital or attending physician 230. BURIAL, CREMATION, REMOVAL

23b. DAJE

134 NAME OF CEMETERY OR CREMATORY

DEGREE

23d. LOCATION

TT MEDICAL EXAMIN

STATE

DHMH - 16 50M 4/83

TO HOSPITAL OR ATTENDING PHYSICIAN: The

(VRA 15, 4)

The state of the 1. The state of th Construction of the second 21 frate mest file en elegan in manager ac TOT WELL was the state of the said 

within 24 hours after death. Page 4 may be

# STATE OF MARYLAND

FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYG	IENES "I				
- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.				
I DECEASED NAME FIRST	MIDDLE	LAST		AY YEAR 26. HOUR			
(TYPE OR PRINT)	TTD	******	AUG 101	1984 010000			
3. SEX	LIE I RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS			
FEMALE	WHITE	MONTH DAY YEAR	M	ONTHS DAYS HOURS MIN.			
		07 03 07	9 BALTIMORE CITY OR COUNTY	OF DE ATH			
Jo. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED		OF DEATH			
MD	BALTO	WIDOWED \ DIVORCED	BALTIMORE CITY	MD.			
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACTLITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR			
BALTIMORE	UNION MEMOR	IAL HOSPITAL	Nurse				
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFO		13e STREET ADDRESS / ZIP CODE				
Md.	UNTY Balto	WN 134 INSIDE CITY LIMITS?	3418 WOODSTOCK	AVENUE 21213			
14. FATHER'S NAME		15. MOTHER'S MAIDEN NA		AVENUE LILIO			
FIRST desired a feet and	MIDDLE LAST	FIRST	WIDDLE	Hitchcock			
	Robert F. Hanna	UNKNOWN URITY NO. 17 INFORMANT	ADDRESS	HICCHCOCK			
(YES NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SEC						
Yes No	1932-2	6533 Mr. Robert K	ing - Same as #13				
18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one cause per line for (o), (b), o			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	ATE CAUSE (0) ( ar	diac Arrest					
	DUE TO, OR AS A CONSEQUENCE OF A CONSEQUENCE OF						
Conditions, if any, which	( arc	liac Arrest	4	13 days			
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	IENCE OF					
underlying couse lost.	(c)	SERVEE OF					
PART 2 OTHER SIGNIFICAN		DEATH BUT NOT RELATED TO THE TERM	UNAL DISEASE OR CONDITION GIVE	N IN PART 110 C - A			
	16 hypry	10 Phrepha	10 Dathy C	HF, COPD			
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY? /20b IF YES,	WERE FINDINGS USED			
PFIC			YES NOT YES	ING CAUSES OF DEATH?			
710. ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY	71r HOW IN IURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA				
	LIBROR AND MODULES A	DAY YEAR	(Editor dation)				
OR CONTRIBUTING CAUSE OF I		19					
216 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION	CITY OR TOWN	COUNTY STATE			
WHILE NOT WHILE AT WORK		JULY OU		24			
	spital attended the deceased from	011	10 (0 A Ug	9_0 , That ( we) last			
now the dece en alive	on 10 AUG 19	, and that in (my (our) opinion	death occurred on the date and hour	and from the causes stated			
776 SHENATORE	- 01	DEGREE		THE DATE SIGNED OU			
Um ant	I anne	ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN	10 aug 87			
224. PHYSICIAN'S NAME (117	E OR PRINT)	27e ADDRESS	J. D. L. C.	0			
Anno C	arrington (	rawne		7050			
22- 01/0141 CDE 11 17/01/ 05:101	[ -		Test LOCATION				
23a BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE			
Remova	1   8/10/84						

DHMH - 16 50M 4/83 (VRA 15, 4)

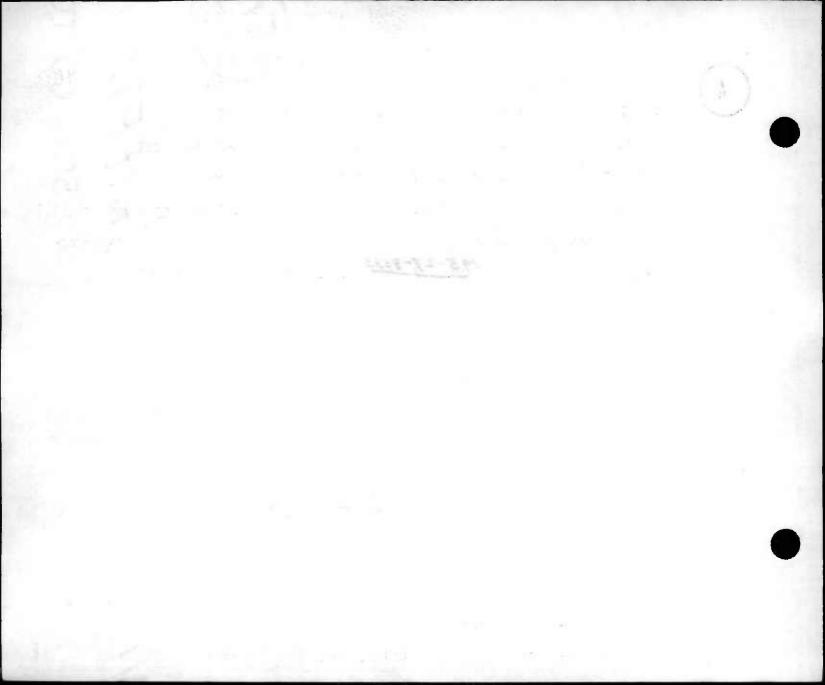
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral dishauld be detached for use as the burial-tronsit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

njury, or ather troumatic event, the

IMPORTANT: If them 21 is marked ar Item 18 shaws ony

24 FUNERAL DIRECTOR Anatomy Board

Balto., Md.



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MPORTANT

DHMH - 16 50M 4/B3 (VRA 15, 4)

MEDICAL

DEPARTN	STATE OF MENT OF HEALT CERTIFICA	H AND M	ENTAL HYG	IENE	REG. N	10.			3 (		ı
DDLE	LAST			2a DAT	E OF DEATH	MONT	н	DAY	YE AR	2b HOL	JR
I	Ki	pe		0	8/29/8	84				7:	480
.=	5. DATE OF BIR	TH		6 AGE	( IN YEARS LAST BE	RTHDAY		IF UNDE	RIYEAR	IF UNDER	
e	MONTH	16	YEAR 33		51		YRS	MONTHS	DAYS	HOURS	MIN.
HAT COUNTRY?	MARRIED 5	NEVER MA	ARRIED 🗆	9 BALT	IMORE CITY	OR CO	UNT	OF DE	ATH		
	WIDOWED [	DIV	ORCED [	Ва	ltimo	re	Ci	ty			MD.
OS DIT AL MILIDS IN	C HOME OR OT	LIED INICTI	DICALLIA	120 115	LAL OCCUBAT	LION		125	KINDO	C DI IC IN I	ECC OB

TYPE OR PRINT Doris 3 SEX 4. RACE female whit 76 CITIZEN OF W LO. BIRTHPLACE (STATE OF FOREIGN USA 18 CITY OR TOWN OF DEATH 11. NAME OF HO LIE NOT IN SUCH FACILITY GIVE STREET ADDRESS). TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY The Johns Hopkins Hospital Baltimore leader Ramdon House USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
136. COUNTY
136. CITY OR TOWN
137. CITY OR TOWN
138. COUNTY
139. CITY OR TOWN 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 1049 Old Man Manchester Rd Westminster NOXX 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE Hazel MIDDLE Nusebaum Miller Edgar ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. LYES NO OR LINKNOWN LIE YES, GIVE WAR OR DATEST 21157 Martin Kipe 13e no n/a APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

IN CERTIFYING CAUSES OF DEATH? NO [ YES 🗌 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

200 AUTOPSY?

( IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE

14 Am and that in (my) (our) opinion death accurred on the date and hour and from the couses stated

CITY OR TOWN

22b. SIGNATURI

ATTENDING PHYSICIAN 22e ADDRESS

STAFF MEDICAL DIRECTOR

23d LOCATION

22c DATE SIGNED.

STATE

4 1

BELLANTON JON

22a. | certify that (1) (this haspital) attended the deceased from

saw the deceased alive on 29 Aug above, (1) (we) (did) (did not) view the body deer death.

JOHNS HOPKINS

211 LOCATION

206. IF YES, WERE FINDINGS USED

COUNTY

23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 9/1/84

23¢ NAME OF CEMETERY OR CREMATORY Evergreen Memorial

DEGREE

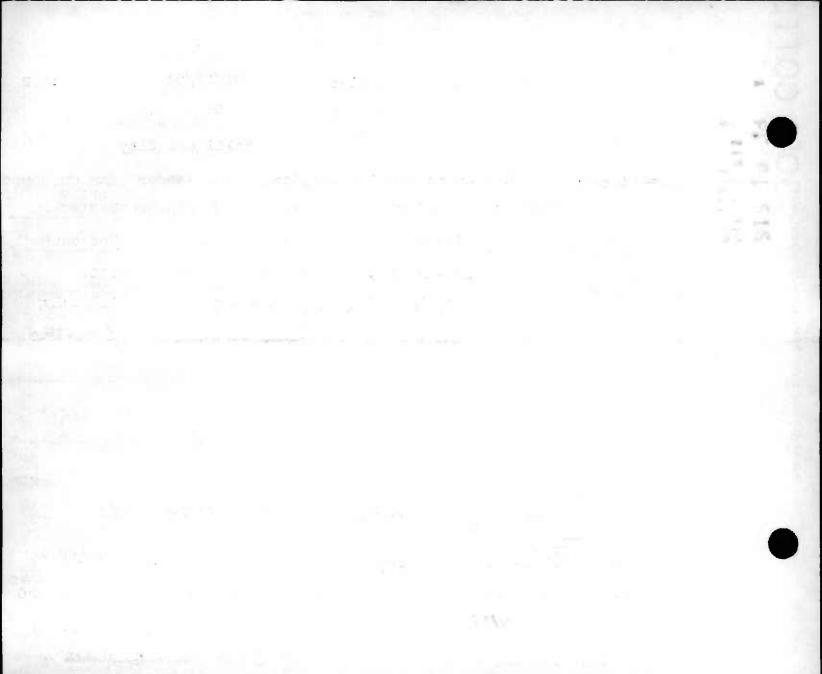
CITY OR TOWN Finksburg Carroll

hunia. 24 FUNERAL DIRECTOR

FOR - STATE REGISTRAR DECEASED NAME

FIRST

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H 18X		FOR STATE		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 4 2 1	5 2 9
1	1. DEG	REGISTRAR CEASED NAME FIRST	WIDDLE	LAST	REG. NO.  20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
7.5	1 TYPE	ROBER	RT A.	KIRCHNER	August 16, 1984	1:06Pm
100	3. SEX	Male	4. RACE White	5. DATE OF BIRTH 1920 MONTH DAY YEAR	MONTH	DER TYEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.
200 MM		RIHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	May 2, 4921	A PAITIMORE CITY OR COUNTY OF	DEATH
100	,	Ohio	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		MD.
led m	10. CI	Baltimore	11. NAME OF HOSPITAL, NURSIF	ng home or other institution (ADDRESS) itan Hospital	12a USUAL OCCUPATION 12	kind of Business or Noustry  Bottle
filled in	13a S	AL RESIDENCE (# NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13e.STREET ADDRESS / ZIP CODE 1632 Hardwick F	
npletely months	_	THER'S NAME RUDOLPH	MIDDLE Kirchn	15. MOTHER'S MAIDEN N		LAST
Poges Poges		AS DECEASED EVER IN U.S. AR	MED FORCES?   166 SOCIAL SECTOR OF CATES)   288-01-		ADDRESS Kirchner1632 Ha	
ottending physic tove corbonpope option, or removal roumatic event, fl		PART I. DE ATH WAS CAUSE	Ily one couse per the for (c), (b), or D BY: IE CAUSE (a), DUE TO, OR AS A CONSEOU (b), HO	le Huite Mysco	idal Infarction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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has been si i permit. The ene prior to ows any inju	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		RE FINDINGS USED G CAUSES OF DEATH?
ol-transit ntol Hygie	ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIF EITHER. NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH D		RRED (ENTER NATURE OF INJURY IN ITEM 18 PART )	OR PART 2)
s the burio ond Ment ked or les	MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR TOWN	COUNTY STATE
CTOR: Afternoon of Health		22a.l certify that (I) (this hasp saw the deceased alive ar	ot) view the body ofter death.	and that in (my) (aur) opinion	n death occurred on the date and hour and	that (I) (we) fost from the causes stated
y the hospital RAL DIRECTOR detached for unite Dept. of H VI. If Hem 21 ii		226. SIGNATURE Norto	n C. Opre		MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED
retoined by the TO FUNERAL should be der with the Store		MONTON (	ORMAN	220 ADDRESS 2936 E	BATTIMENEST	21224
ē ₽£3 <b>≥7</b> BP	23a. E	urial, cremation, removal Burial		NAME OF CEMETERY OR CREMATORY	ry Baltimore Cou	unty state
H - 16 50M 4/83	24 FL	INERAL DIRECTOR	ADDRESS	25a. D/	ATE REC'D. BY REGISTRAR 256 REGISTRAR	SSIGNATURE
(VRA 15, 4)	Wi	lliam E. Joh	nson8521 Loch	Raven Blvd. AU	6 1 7 1984 Julia David	son-Handalls

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### STATE OF MARYLAND

	1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  CERTIFICATE OF DEATH REG, NO.						
	1. DECEASED NAME FIRST E	LLEE MIDDLE	KIRKMA		8/16/84	29. 1100K	
	FEMALE	BLACK	5. DATE OF BIRTH	6. AGE (IN		FUNDER TYEAR OF UNDER 24 HRS.	
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Alabama	76. CITIZEN OF WHAT COUNTRY	MARRIED LI NEVER N	ARRIED	LTIMORE		
	BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		ITUTION . 120. USUAL	OCCUPATION RK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR	
1	USUAL RESIDENCE (# NURSING HOME OF 130, STATE 136, COLI)		YES [	NO 37	ADDRESS ZIP CODE 04 POSE	DALE RO	
7	14 FATHER'S NAME ORANGE	WILL AM:	SON 15. MOTHER'S	MAIDEN NAME FIRST MOLLIE	SAMS)	LAST	
	16a WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GN Unknown	F WAR OR DATES)	47380 L.	BLAND	3 704 A	DOSENDATE P	
	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEC	& respire		lure tion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	PART 2 OTHER SIGNIFICANT OF COPD, Chrus  190 DATE OF OPERATION  171 ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO  ONE HUAL  196. CONDITION FOR WHICH	O DEATH BUT NOT RELATED ACICUTE CHOPERATION WAS PERFO	mediasti	OPSY? 20b. IF YES,		
7			PA YEAR 19 10 HOW IN	JURY OCCURRED (LATER N.	NO YES		
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	saw the deceased alive an abave, (I) (we) (did) (did no	ital) attended the ceased from 19.  It) view the body after death.	, and that in (my)	(our) apinian death accurre	ed on the date and hour	9, that (1) (we) lost and from the causes stated	
	276 SIGNATURE  F. Delp  276 PHYSICIAN'S NAME WEE	e do luo			STAFF PHYSICIAN	8/16/84	

MPORTANT: If he FERNANDO DELGADO 23b. DATE 8/21/84

SINAI HOSP, 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION
King Memorial Park Randallstown, 231 NAME OF CEMETERY OR CREMATORY

BALT MO

23a BURIAL, CREMATION, REMOVAL BURIAL

Md.

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR should be detached with the State Dept. marked or Hem 18

C March F/H Inc. 1101 E North Avenue

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be etained by the hospital or attending physician.	
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BP. DHMH - 16 50M 4/82 (VRA 15, 4)

- 11	DECEA	ASED NAME	FIRST	MIDDLE		LAST	20. DATE OF D	REG. NO.	H DAY	YEAR	2b. HC
	TYPE OR		Marie	E		Kirwan		8	28	84	9:4
) to	SEX			I. RACE	S. DATE	OF BIRTH	6 AGE (IN YEAR	RS LAST BIRTHDAY		JNDER I YEAR	
1	1	=		W	MON	12 1900	82		YRS.		
6	e. BifeTh coy	IPLIACE (STA	TE OR FOREIGN 7	L CITIZEN OF WHAT	MARRI	ED NEVER MARRIED		CITY OR CO	UNTY OF	DEATH	
1	n CITY	OR TOWN O	F DEATH	1 NAME OF HOSPIT	WIDOW			CUPATION	-	12b. KIND	OF BUSI
9.1	17	11/4				OKOTHER INSTITUTION HOME		OR MOST OF WOR	KING LIFE)	INDUSTRY	1 5
	SUALF	RESIDENCE (	NURSING HOME OR	THER INSTITUTION, GIVE RES	IDENCE BEFORE ADMISSION	21229	N/JEF	2/14	2011	0	11
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18	4. FATH	ER'S NAME	N	NIDDLE	LAST	15. MOTHER'S MAIDEN N	IAME	MIDDLE			AST
W	1	=DW	ARD	13	URIYS	JOHANN	9 K	ILM	EY	ER	
1	CYES	NO OR UNKNOW	EVER IN U.S. ARA	MED FORCES? 16b. SC	OCIAL SECURITY NO.	17 INFORMANT	1.001.1	1 205	7 1. 1	100	jun N.
-		NO		y one couse per line for	-34-6834	MYKG-AKET	C+113501	1000	WI	77 /	XIMATE IN
	6	Conditions, if gave rise to ause (a), anderlying	immediate stating the	(b)	CONSEQUENCE OF						
5	P	gave rise to ause (a), inderlying	immediate stating the couse last.	DUE TO, OR AS A	CONSEQUENCE OF	T NOT RELATED TO THE TEI DN WAS PERFORMED	200 AUTOP	SY? 20b.	IF YES, V	VERE FIND	INGS US
2	P	gave rise to ause (a), anderlying a ART 2 OTHER	immediate stating the couse last.	DUE TO, OR AS A  (c)  ONDITIONS CONTRIB  196 CONDITION F	CONSEQUENCE OF  UTING TO DEATH BU  OR WHICH OPERATION	ON WAS PERFORMED	200 AUTOP	5Y? 20h.	IF YES, V CERTIFY IN YES [	VERE FIND NG CAUSE	INGS US
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1	MEDICAL CERTIFICATION	ause (a), ause (a), ause (a), ause (a), anderlying  ART 2 OTHER  B. DATE OF OI  B. ACCIDENT W. R. CONTRIBUTING (IF EITHER, NOTH) WORK  WORK  C. I Certify th sow the do	immediate stating the couse last.  SIGNIFICANT COUSE PERATION  AS UNDERLYING S CAUSE OF DEAT Y MEDICAL EXAMINER)  COURED COUSE AT WORK  at AT WORK  at AT (this hospite eccessed alive on we) (did) (did)	DUE TO, OR AS A  (c)  DIE TO, OR AS A  (c)  DIE TO, OR AS A  (c)  DIE TO, OR AS A  (c)  19b CONDITION F  21b. TIME OF INJUINATION F  HOUR A.M. M  P.M.  21e. PLACE OF INJUINATION F  (AT HOME, STREET, FACT)  (AT HOME, STREET, FACT)  Wiew the body after d	CONSEQUENCE OF  UTING TO DEATH BU  OR WHICH OPERATION  RY ONTH DAY YEAR  19  URY 10RY, OFFICE, FARM, ETC.)  posed from 84, 66  eoth.	211. LOCATION STREET  211. LOCATION STREET  Ded that in (max) (our) opinion  DEGREE  ATTENDING PHYSICIAN  220. ADDRESS	ZOO AUTOP YES JRRED (ENTER NATU  On deoth occurred  MEDICAL DIRECTOR)	SY? 20b IN O IN	IF YES, V CERTIFY IN YES [ Em 18 PART	COUNTY  S  220. DAT	that we couse E SIGNI

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. NO	D.		:
	ECEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
1	Elmer	Charles	K3	ein		8 11	84	3:05%
3. S	EX	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS
	Male	White	MONTH	du 19. 1902	82	YRS.	THS DATS	HOURS MIN.
76		Th CITIZEN OF WHAT COUNTR	RY? 8.		9 BALTIMORE CITY O		DEATH	
	Manuland	USA	WIDOWE	NEVER MARRIED	Baltimone	e Ci	74	MD
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME O	B OTHER INSTITUTION	120 USUAL OCCUPATE	ON	12b. KIND C	F BUSINESS OR
	Baltimore	Terkins Memo 1000 S. Cato	n Ave.	lome 21229	Retired	F WORKING LIFE)	industry We.	lden
130	ual residence (IF NUR TO THE STATE ARTYLAND	Arundel Linthi	OWN	13d, INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	ZIP CODE	ls Fei	21090 rny Rd.
14.1	FATHER'S NAME	WIDDLE LAST		15 MOTHER'S MAIDEN NAM	NE MIDDLE		. 145	S.L.
1	William	Klein		Anna			App.	le
16a	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	ECURITY NO.	17 INFORMANT	ADDRE	SS		
	no	215-05	-8783	Donis Mileus	ki Same o	us #13		
	18 CAUSE OF DEATH (Enter on	ly one cause per light for less, (b),	and (ci.)	- 1 0 00	16.7		APPROX	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSEI	E CAUSE (o)	- 11	WHA IM	17091	70	7	
	i i i i i i i i i i i i i i i i i i i	DUE TO, OR AS A CONSEC	OHENICE OF			/		
	Conditions, if any, which	(b)	OULIVEE OI					
	gove rise to immediate cause (a), stating the	)	OVENES OF					
	underlying cause last.	DUE TO, OR AS A CONSEC	OUENCE OF					
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART I	a
Z								
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W		
F					YES TI NOT	IN CERTIFYIN	_	NO []
1 8	716. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PARI	OR PART 2)	
		IH I	DAY YEAR					
A	AND ENTERS AND THE MEDICAL EXAMINED							
DICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e. PLACE OF INJURY		21f LOCATION				
MEDICAL	WHILE NO! WHILE			21f LOCATION STREET	CITY OR TO	wn 4 0	COUNTY	STATE
MEDICAL	AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC }	2 Ph	CITY OR TO	WN / 1 8 10.	COUNTY	
MEDICAL	AT WORK  220.1 certify that (I) (this hospit	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ce, FARM, ETC.)		10 8-	1 1 19:	4	that (IT (we) last
MEDICAL	AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	m 67	284 19	10 8-	1 1 19:	d from the	that (IT (we) last
MEDICAL	27e.1 certify that (I) (this hospit saw the deceased alive an above. (I) (was did (did no	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	m 67	d that in (my) (our) opinion d	to to death occurred an the di	19. 19. 19. 19.	d from the	that (IT (we) lost couses stated
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	270.1 certify that (1) (this haspit saw the deceased alive an above. (1) (well-did idid not 27b. SIGNATURE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI  (al) attended the deceased from (b) wew the body after death.	m G , on	d that in (my) (our) opinion d DEGREE  ATTENDING PHYSICIAN	to to death occurred an the di	19. 19. 19. 19.	d from the	that (IT (we) lost couses stated

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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral direct discussions are so she burind-transit permit. Then please remove carbonappers, Pages I and 2 shauld be filled within 72 hours and the standard should be filled within 72 hours and the standard should be filled within 72 hours and the standard should be filled within 72 hours and the standard should be standard the standard should be standard to the standard should be standard should be standard to the standard should be standard should be standard to the standard should be

should be detached for use as the burial-transit permit. Then please remove carbon poper with the State Dept of Health and Mental Hygiene priar to burial, cremation, ar remaval

IMPORTANT: If them 21 is marked or them 18 shi

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Burial 24 FUNERAL DIRECTOR Mofully Funeral Homes

Baltons Md., 21225 237 E. Patapsco Ave.

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Son Date REC'D. By REGISTRAR 25 REGISTRAR 25

Julia Davidson Pandana

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4	
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the State Dept of Health and Amental Hygiene prior to burial, cremation, ar removal.

MAPORTANI: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical comment of the state of the state of them.

page 3

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 5

	1 - :	FOR STATE REGISTRAR			DEP		EALTH AND ME			REG. NO.	1 3 ,	3 3
		ASED NAME	FIRST	~	NODLE	KI.	AST .		2a. DATE OF D		13 - 9=1	26 HOUR 7.358M
	3. SEX		4.6	RACE		S. DATE C	DAY	1892	6. AGE (IN YEAR	Ca	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7		THPLACE ISTATE OR	FOREIGN 76.	CITIZEN OF V	WHAT COUN	MARRIE	D NEVER MAI	RRIED -	92 9 BALTIMORE	CITY OR COUN		
1	10 CITY	OR TOWN OF DE	ATH 11.	NAME OF H	IOSPITAL, NI H FACILITY, GIVE	WIDOWE URSING HOME O STREET ADDRESS)	DR OTHER INSTITU			CUPATION OR MOST OF WORKIN		MD.  OF BUSINESS OR  OME
	13e. ST.	RESIDENCE (# NUR ATE RYLAND	BALTIN		13c. CITY OR	BEFORE ADMISSION) TOWN ALLSTOWN		0 🗆	13e STREET AD 3820 PI	DRESS / ZIP CO	ODE	21133
į,	14. FATI	HER'S NAME FIRST LOUI	IS MIDE	DIE	YAFFE	ī	15. MOTHER'S M			WIDDLE	UNKNOW	
	(YES	AS DECEASED EVER S. NO OR UNKNOWN) NO	(# YES, GIVE W			SECURITY NO. 0-8501D	3820 PI		LLIAM I		STOWN ME	21133
1		8 CAUSE OF DEAT PART I. DEATH V	TH (Enter only o	ne couse per						,		MATE INTERVAL ONSET AND DEATH
			IMMEDIATE C	AUSE (0)	AS A CONS	SEQUENCE OF	CEKL	i De	VASCU	UNIC	2	41ths.
		Conditions, if ony gove rise to im cause (a), stati underlying coust	mediate ng the	(b)		SEQUENCE OF		1,0				
		PART 2 OTHER SIG	NIFICANT COM		MIRIBUTING	7		SE AS		RCONDITION	GIVEN IN PART 1	01
7	CERTIFICATION	9a DATE OF OPERA	MOITA				N WAS PERFORM	NED	200 AUTOPS		YES, WERE FINDION TO SES	
4		OR CONTRIBUTING	CAUSE OF DEATH	216. TIME OF HOUR A.A	M. MONTH	DAY YEAR	21c HOW INJU	RY OCCURR	ED (ENTER NATUR	E OF INJURY IN ITEM	18 PART I OR PART ?)	
	W.	INJURY OCCUR	RED	21e. PLACE C	OF INJURY	FFICE, FARM, ETC.)	211 LOCATION STREET			TITY OR TOWN	COUNTY	STATE
	7	220. I certify that (I saw the decease above, (I) (we) (	sed plive on	8-	12		d that in (my) (ac	19 <u>79</u> or) opinion d	, to	on the date and l	1987,	that (I) (we) last couses stated
		Th SIGNATURE	nA n	N	/	vp	DEGREE ATT	ENDING	MEDICAL DIRECTOR	STAFF PHYSICIAN []	220 DATE	SIGNED 14-84
		B.	ZAW.	-Win	, M	0	LEVINI	DA/EC	STERIA;	TRICC	ENTER	21215
	23u BU (SF	PECIFY BURIAL	4	AUG.15		ANSHE I		MATORY	BAE	THMORE	COUNTY MA	ARYLAND
		VERAL DIRECTOR 010 REIST			BALTO	OS.,INC.	21215	AUG	2 1 198	4 Julia	Davidson A	URE CHOICE

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should the State Dept. of Health and Mental Hygiene prior to burial, crematian, or remaval.

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IMPORTANT: If them 21 is morked or them 18 shows any

# STATE OF MARYLAND

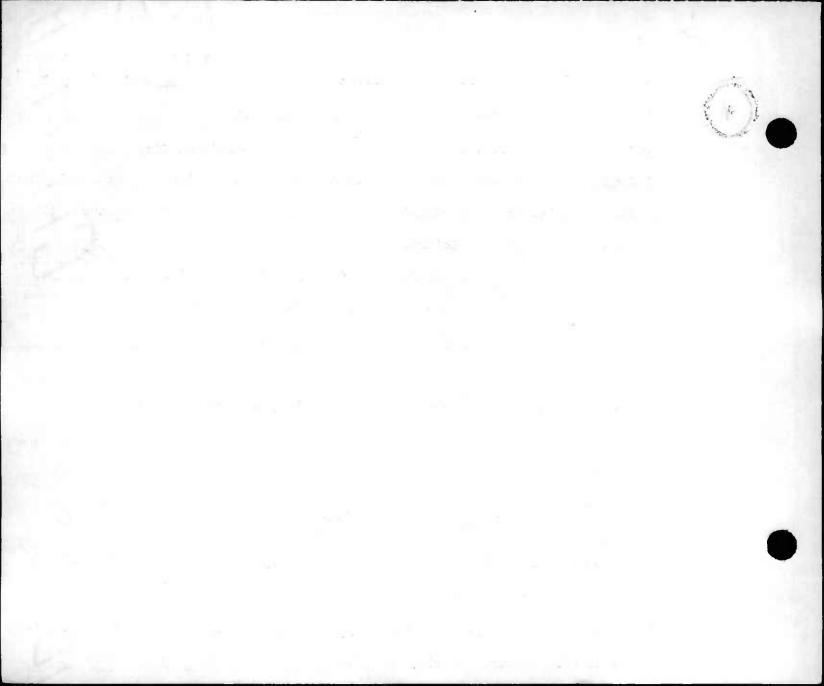
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	TY OR TOWN OF	FDEATH	11. NAME OF	HOSPITAL, N	URSING HOM	NE OR OTHER I	NSTITUTE	ON	120 USUAL C	CCUPAT	ION	121	. KIND O	F BUSINES	S OR
В	altimore					Medical	Cen	ter	Die S					nal C	an C
USU/	AL RESIDENCE (#	NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE		I 13d INSID	E CITY IV	MITS?	13e STREET A	DORESS	/ 7IP CC				
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14)FA	THER'S NAME		WIDDIE	IAS		15. MOTH	ER'S MAIL	DEN NAM	ΛE	MIDDLE			LAS		
	John		MIDDE		nsmith	1	Mary			MIDDE			Che		
	VAS DECEASED E		ARMED FORCES?	16b. SOCIAL	SECURITY NO	D. 17 INFOR	MANT			ADDR	ESS701	2 Ea	stbr	ook A	ve.
N		(IFTES, )	SIVE WAR OR DAILS)	215-0	5-5826	Hele	n G.	Kle:	insmith			to.		21224	
	18. CAUSE OF E	DEATH (Enter	only one couse per	ling for old	b1, opg 10, 1	1.11		1	1	1		6	APPROXI	MATE INTERV	EATH
	PART I. DEA	TH WAS CAU	SED BY: ATE CAUSE (0)	(19)	120	White	AL	Vea	X SU	TAY.	20/A	4			
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			DUE TO, O	R AS A CONS	SEQUENCE OF	1000		1	10.	Okni	200	9			
	Conditions, if gove rise to		(p)	C	an	1000	an	7 78	4res	0-2	JA.				
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	underlying o	ouse lost.	( 10)												
	PART 2 OTHER	SIGNIFICAN	GONDITIONS CO	ONTRIBUTING	G TO DEATH E	BUT NOT RELA	TED TO TI	HE TERM	INAL DISEASE	OR CON	DITION	GIVEN IN	PART 1re	3'	
NO.	6	ug 1	ance	(mgs	n teu	nal)	X	Anh	va MA	use		_			
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TIFIC									YES []	NOC	IN CE	YES	CAUSES	OF DEATH	12
CERTIFICATION	210. ACCIDENT W		110110 1		. 5.17 115		Y INJURY	OCCURR	RED (ENTERNAT	URE OF INJA	JRY IN ITEM	IB PART I O	R PART 2}		
	OR CONTRIBUTING		PENIN .	M. MONTE	H DAY YE	AR 9									
MEDICAL	21d INJURY OC		21e PLACE	OF INJURY		211 LOC			,	CITY OR TO			OUNTY	STA	
×	WHILE N	OT WHILE	(AT HOME, ST	REET, FACTORY, O	OFFICE, FARM, ETC.	3 51	REET			CITY OR TO	JWN		-1/	517	NIE.
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	sow the de	ceased alive	/-	4	19 84	, and that is	my (our)	opinion o	death occurred	on the d	late and	nour and	from the	couses state	ed
	27h SIGNATOR	(did) (did	not) view the body	ofter death		DEGREE	-						20-DATE	SIGNED	. /
	///	unk	1201	MY	)	010112	ATTEN	DING	MEDICAL	STA			1	12-8	4
	724 DAYSICIAN	S NAME UV	and the	1 - Y		77e ADD		CIAN	DIRECTOR	PHYSI	CIAN		4 .		/
	7.7	· N	HN	IK		42	91	6	herfi	ú 8	1		2/2	31	
	BURIAL, CREMAT	ION, REMOV	AL 236. DATE		23c. NAME O	F CEMETERY	OR CREM	ATORY	236 LOCA	TION		cou	NIY	514	16
	Bur	cial	8/24		Holy :	Rosary	Ceme	terv	Dunda	alk		Balti	more	Mary	lan
24 FU	JNERAL DIRECTO	Duda	-Ruck, I	nc	DRESS			25a DATI	E REC'D. BY RE	GISTRAF	25h REC	STRAR'S	SIGNAT	URE DO	1
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DHMH - 16 50M 4/83 (VRA 15, 4)



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should be detoched for use as the burial-transit permit. Then please remove c with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, TO FUNERAL DIRECTOR. After this certificate has been signed by the

OR ATTENDING PHYSICIAN: The

IMPORTANT: If Item 21 is marked or Item 18 shows any

# STATE OF MARYLAND

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1.	FOR STATE REGISTRAR			DEPART		ICATE OF DEATH	HYGLE	NE 64 REG. N			
	CEASED NAME	FIRST	1	MIDDLE	l	AST	20			DAY YEAR	26 HOUR
(TYPE	OR PRINT)	C.	A	lbertine		Klug			8/29		8:30
3. SE	X	4	RACE		5 DATE C		6	AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HI
	Female		Whi	te	Apri			82	YRS	MONTHS DAYS	HOOKS MI
	IRTHPLACE (STATE OR FO	REIGN 71		WHAT COUNTRY?	8 MAPPIE	D NEVER MARRIED	X 9	BALTIMORE CITY C	RCOUNTY	OF DEATH	
	aryland			SA	WIDOWE	DIVORCED I		Baltin	nore	City	
	ITY OR TOWN OF DEA altimore	TH 1				Balt; Md.2122		type of work for most of Homem	F WORKING LIF	126 KIND ( INDUSTRY	OF BUSINESS
13a <b>M</b> a	aryland	NG HOME OR O 13b COUNT		GIVE RESIDENCE BEFOR 13c. CITY OR TOW Baltim	/N	13d INSIDE CITY LIMITS		e STREET ADDRESS	aton	Ave.,	21229
14 F	George	~	A.	Klug		15 MOTHER'S MAIDEN  FIRST  M.	NAME	Charlo	otte	Su	llivan
16a \	WAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SECU	JRITY NO.	17. INFORMANT		ADDRE	SS	A	
,	No	( IF 123, GIVE V	- CR DATES)	216-54-	3399	Helen K. S	Span	rks, 1380	l Yor	k Rd.,	21030
NO	Conditions, if ony, gove rise to imm cause (o), stotim underlying couse	nediate g the last	(c)	R AS A CONSEOU		NOT RELATED TO THE TE	ERMIN,	AL DISEASE OR CON	DITION GIV	EN IN PART 1	la
CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		YING CAUSE	
MEDICAL CER	210 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	P	M, MONTH D M.	AY YEAR	21c HOW INJURY OCC	CURRED	(ENTER NATURE OF INJUS	Y IN ITEM 18, P	ART 1 OR PART 2)	
MED	216 INJURY OCCURR	ILE 🗍	21e. PLACE ( (AT HOME, STR	OF INJURY IEET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE
	220 I certify that (# saw the decease above, HT (we) Id 221 SIGNATURE  #71 HYSICIAN'S NA	d alive on lid) (did son	view the body	9 198	•	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS		MEDICAL STAI	F IAN []		29.84
23a. 1	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c	NAME OF C	EMETERY OR CREMATOR	RY	23d. LOCATION			

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retained by the haspital TO HOSPITAL

DHMH - 16 50M 1/76 (VR A 15 (4))

8/30/84 Westview Crematory

Catonsville

Balto.

Md.

Lowell Lemmon, 10 W. Padonia Rd.

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
AUG 31 1984 Sichia Davidson-Romane

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral disshould be detached for use as the busial-transit permit. Then please remove carbon papers. Pages fould be filled within 72 has with the State Dept of Health and Mental Hygiene prior to busial, cremation, or removal.

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IMPORTANT: If them 21 is marked at

executed within 24 hours ofter death. Page 4 may be

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

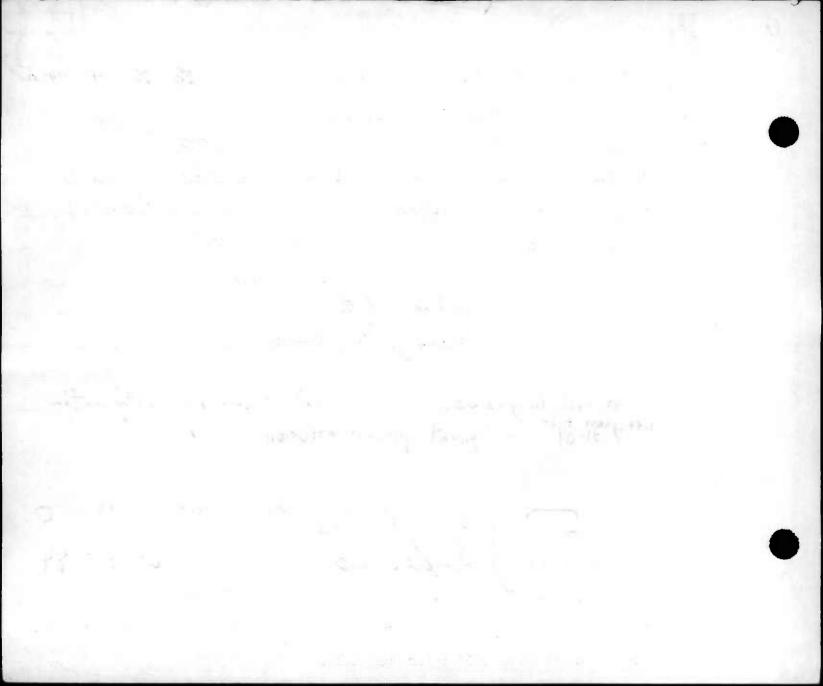
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۱.	- STATE REGISTRAR				CERTIF	ICATE OF DEAT	TH		REG. NO.				
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	E OR PRINT)	DUNC	AN I	· ·		KNOX			08	05	84		15 Am
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	Male		White	2	Marc			78		YRS			
7a. B	IRTHPLACE (STATE)	OR FOREIGN 7	L CITIZEN OF W	HAT COUNTR			IED []	9 BALTIMORE	CITY OR CO	OUNTY	F DEATH		
	Maryland		USA		WIDOWE			BALT	IMORE				MD.
10 C	ITY OR TOWN OF E	DEATH 1	1. NAME OF H	OSPITAL, NUR	SING HOME C	OR OTHER INSTITUT	ION	17a USUAL OC			12h KIND O	F BUSIN	
	LTIMORE	CITY	UNION		IAL H	OSPITAL		Chauff		RKING LIFE)	Sun (	Dil	
13a. S	AL RESIDENCE (# N STATE Md	13b. COUN		Balti	OWN	13d INSIDE CITY L			Dress / zij Rolanc	code l Ave	nue #8	03	
14. E/	ATHER'S NAME	M	NODLE	LAST		15. MOTHER'S MA	IDEN NAM		MIDDLE		LAS	1	
	Charles	W 40	nox				Belle	Bra	dfield	Į.	2710		
	WAS DECEASED EV	ER IN U.S. ARA	AED FORCES?	16h SOCIAL SE	CURITY NO.	17 INFORMANT	1		ADDRESS				
1 '	YES, NO OR UNKNOWN)	(IF TES, GIVE	WAR OR DATES)	163 05	95/10	Mrs. Ha	701	Knov	same				
	18 CAUSE OF DE	ATH (Enter only	y one cause per l			1.11		MIOX.	Same		BETWEEN	MATE INTE	RVAL DEATH
	TAKI I. DEATH	IMMEDIATE		Cardia.	e all	of the with							
			DUE TO, OR	AS A CONSEC	DUENCE OF "	1 0.							
	Conditions, if o												
	gove rise to												
	underlying co	ng couse lost.											
	PART 2 OTHER S	ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN BY PART TO											
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CERTIFICATION	190 DATE OF OPE				CH OPERATIO	N WAS PERFORME		200 AUTOP	SY? 20	IF YES,	VERE FINDIN		
Ĕ	left shes	1-84	wa a li	+ 0.00	pleu	il off	Sin w	YES	NOM	YES	NG CAUSES	NO [	
1 2	210 ACCIDENT WAS	UNDERLYING	216 TIME OF		LICO	21c HOW INJURY	OCCURRE		RE OF INJURY IN	ITEM 18 PAR	I OR PART 2)		
	OR CONTRIBUTING				DAY YEAR								
MEDICAL	21d INJURY OCCI		P.M 21e. PLACE O		19	211 LOCATION							
Ä		WHILE	(AT HOME STREET	ET FACTORY OFFI	E FARM ETC )	STREET			CITY OF TOWN		COUNTY		STATE
	AT WORK AT	w ORK			-		5711				17 1		(
	22a I certify that		- 49	deceased from	011	19	9 7 +	, to	6-1			that (I) (	weylost
	obove (I) Iwe	osed olive on	) view the body o	Iter deoth.		nd that in my (our)	) opinion d	eoth occurred	on the dote o	and hour o	and from the	couses st	ated
	226. SIGNATURE		1	0	1	DEGREE					22c DATE	SIGNED	
	/u	wilne	0 7.	And	Ca		DING SICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	D	15-5	- ) ,	4
1	224 PHYSICIAN'S	NAME (TYPE OR	PRINTI /	1		77e ADDRESS							+
	LAWREN	ICE J.	SNYDE	R M.D		UNION	MEMO			TAL			
	BURIAL, CREMATIO	N, REMOVAL	23b. DATE		C. NAME OF C	EMETERY OR CREM	AATORY	23d. LOCAT			COUNTY		STATE
	Burial		8/8/8	34	Greenmo	ount Cemet	tery	Green			roll (	o. M	d.
24 F	UNERAL DIRECTOR							REC'D. BY REC		REGISTRA	AR'S SIGNAT	URE,	0
	Burgee Fi	uneral	Home 36	31 Fal	ls Road	1 21211	AUG	7 198	34	~ ~ ~~	mion-M	-TIMEDO	-

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

etoined by the hospital or attending physician.



# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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1.	FOR STATE REGISTRAR	DEPA		CATE OF DEATH	REG. NO	2.	1 2	0 /
I. DE	ECEASED NAME FIRST	WIDDLE	L/	51		MONTH	DAY YEAR	Zb. HOUR
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	EVELYN	VIVYINIA		erner		8		77.70 M
3. SE	<u> </u>	4 RACE	5 DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS BAYS	IF UNDER 24 HRS
1	FEMALE	WHITE	10	02 15	68	YRS.		
70 B	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9. BALTIMORE CITY O	COUN	TY OF DEATH	
1 1	YAYV/And	U.S.A.	WIDOWEI		Baltimo	re	City	MD.
0 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME O		170 USUAL OCCUPATION	NC		F BUSINESS OR
Li	Baltimore /		Smore 6	eneral Hospital	Housewif			Maker
130.	STATE		TOWN	136. INSIDE CITY LIMITS?	13e.STREET ADDRESS		rule Rd	. 21225
JAF	ATHER'S NAME	Dod! I.		15. MOTHER'S MAIDEN NA	1707	1		
1	John	Clay	ton	Bertha	MIDDIE		Cart	er
	WAS DECEASED EVER IN U.S. AF		SECURITY NO.	17 INFORMANT	ADDRE	55		
	(YES, NO OR UNKNOWN) (IF YES, GI	ve war or dates) 215-22	-9383	Mary A. Penn	newell Sam	e as	-	
	18 CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b	, and (c				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I DEATH WAS CAUSI	TE CAUSE (0) Bru	ins tem	Kerniation				
		DUE TO, OR AS A CONSE	FOLIENCE OF					
100	Conditions, if any, which		10 rescul	ar accident	Right side	,		
	gove rise to immediate couse (o), stating the	DUE TO, OR AS A CONSE	A CO. 10 11 11					
	underlying cause last.	(c)	LOUEINCE OF				300	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CONE	DITION G	IVEN IN PART 1	0
Z	Men	Jamestin Co	0:3.00	6 1:00-60	Hupertensio			
H Ĕ	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?		ES. WERE FINDIN	VGS LISED
CERTIFICATION	THE DATE OF GLERATION	The Containor Tok W	nen or Ekrino.	T TAG I EN GRANED		IN CERT	TIFYING CAUSES	OF DEATH?
1 5				To. 1/2	YES NO		YES []	NO []
	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	- 1	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	8 PART I OR PART 2)	
18	(IF EITHER NOTIFY MEDICAL EXAMINE		19					
MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY	rice rapid field	71f. LOCATION	CITY OF TO	WN	COUNTY	STATE
2	WHILE NOT WHILE AT WORK	(AI NOME STREET, FACTORY, OF	rice, rakm cicy					
		ital) attended the deceased fro	om Augus	19 19 8	Y 10 Cluces	126	19 84	that (I) (we) lost
	saw the deceased alive or	aurust 26		d that in (my) (our) opinion	death occurred on the da	te and h		
	22b. SIGNATURE	ot) view the body ofter death.		DEGREE	The state of the s		22¢ DATE	
	Jame C	March Wills	14.7	ATTENDING PHYSICIAN [	MEDICAL STAF	F IANI DAT	9/21	184
1	THE PHYSIC WAYS NAME IN	CHE PRINTE		27e ADDRESS	_ DIRECTOR _ TITISIC	NI V	10/00	7
	Dr. Aceve	do Vila		3001 S. M	Yamover Si	1. 4	Saltimore	k, Hd.
23a	BURIAL, CREMATION, REMOVAL		73c. NAME OF CI	METERY OR CREMATORY	23d LOCATION		COUNTY	STATE
10	Burial	8/29/84	Crest La	wn Cemetery	Sykesvill	8	Carroll	
24 F	FUNERAL DIRECTOR			250 DA1	TE REC'D. BY REGISTRAR	150 REGI		
	George J. Gond	ee 4001 Ritcht	e Hgwy	Balto Md AU	G 2 8 1984	الماا	Davidson-V	andell.

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbanpopers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remayol. IMPORTANT: If Hem 21 is marked ar Hem 18 shows any injury, or other traumatic event, th

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and should be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

1 - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

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	REGISTRAR							EG. NO.		
		FIRST	WIDDLI		L.	AST .	20. DATE OF DE	ATH MONTH	DAY YEAR	2h HOUR
(TYPE	ORPRINT) J	ohn	-		Kor	renczuk	August	5 1984	1	1:30
3. SEX	X	4 RA	ACE		5. DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HI HOURS MI
	Male		Whit	е	May	15 1908	76	YRS	MONINS. DATS	HOURS MI
7a BII	RTHPLACE (STATE OR FOR	REIGN 76 CT	ITIZEN OF WHA	T COUNTRY?	8 AAA DDIE	XXNEVER MARRIED	9 BALTIMORE	ITY OR COUNT	Y OF DEATH	
	Poland		U.S.	A.	WIDOWE		Balt	imore (	City	
Ba	ITY OR TOWN OF DEATH	3	549 Sh	annon	Driv	OR OTHER INSTITUTION	120 USUAL OCC LIVPE OF WORK FOR Self-e	WPATION MOST OF WORKING LI	126 KIND C INDUSTRY Pa	inter
13a S	Md.	B COUNTY	13c.	CITY OR TOWN	N I	13d INSIDE CITY LIMITS?		RESS Shannor	n Driv	e 212
14. FA	THER'S NAME Ilarion	MIDDLE		orenca	zuk	Evdokia	WI	DDLE	_ LAS	
16a W	VAS DECEASED EVER IN	U.S. ARMED I (IF YES, GIVE WAR		19-62-		Adam Kore	nczuk (	son) Jo	Dunfi oppa M	eld C
	18 CAUSE OF DEATH	Enter only one	e cause per line l	for (a), (b), and	dies a	CEL CLIEBTER			BETWEEN	IMATE INTERVAL ONSET AND DEA
		vhich diate the last	DUE TO OR AS	A CONSEQUE	NCE OF		LANGE OF THE STATE OF		VEN IN PART 1	0
ICATION	Conditions, if ony, v gave rise to immer couse (a), stating underlying couse	which diate the last	DUE TO OR AS	ACONSEQUE	NCE OF	NOT RELATED TO THE TERM		2 20b. IF YE	VEN IN PART 11	NGS USED
RTIFICATION	Conditions, if ony, v gave rise to immer couse (a), stating underlying couse PART 2: OTHER SIGNIF	which diate the last	DUE TO, OR AS DITIONS CONTR	A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OF	2 ZOB. IF YE IN CERTIN	S, WERE FINDING CAUSES	NGS USED
CERTIFIC	Conditions, if ony, very gave rise to immer couse (a), stating underlying couse  PART 2. OTHER SIGNIF	vhich diate the last	DUE TO OR AS	A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF	2 ZOB. IF YE IN CERTIN	S, WERE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	Conditions, if only, very gave rise to immer couse (o), stoting underlying couse  PART 2. OTHER SIGNIF  19a DATE OF OPERATIO  21a, ACCIDENT WAS UNDER OR CONTRIBUTING CAL	vhich diate the last	DUE TO OR AS DITIONS CONTR  196. CONDITION  216. TIME OF INJ. HOUR A.M.	A CONSEQUE  BUTING TO D  FOR WHICH (	DEATH BUT  OPERATION  AY YEAR  19	NOT RELATED TO THE TERM	200 AUTOPSY YES NO	2 ZOB. IF YE IN CERTIN	S, WERE FINDING CAUSES	NGS USED OF DEATH?
	Conditions, if only, vegave rise to immercouse (o), stoting underlying couse  PART 2. OTHER SIGNIF  19a DATE OF OPERATIO  21a, ACCIDENT WAS UNDER OR CONTRIBUTING CALL  LIFETHER NOTIFY MEDICAL  21d. INJURY OCCURRET  WM1E NOT WHILE AT WORK NOT WHILE  TWORK NOT WHILE  22a I certify that (1) (1)  sow the deceased	which diate the last last last last last last last last	DUTIONS CONTR  19b. CONDITION  21b. TIME OF INJ HOUR A.M. P.M.  21c. PLACE OF IN (AT HOME, STREET, F)	A CONSEQUE  IBUTING TO D  I FOR WHICH OF  WRY  MONTH DA  JURY  MONTH DA  LORY, OFFICE, FA	OPERATION  OPERATION  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCURI	200 AUTOPSY YES NO RED (ENTERNATURE	2 20b. IF YE IN CERTIL OF INJURY IN ITEM 18	S, WERE FINDING CAUSES ES PART 1 OR PART 2)	NGS USED OF DEATH? NO  STATE
	Conditions, if only, very gave rise to immer couse (o), stoting underlying couse  PART 2. OTHER SIGNIF  19a DATE OF OPERATIO  21a, ACCIDENT WAS UNDER OR CONTRIBUTING CALL LIFETHER NOTHY MEDICAL  21d. IN JURY OCCURRET  WHILE AT WORK  22a I certify that (1) (d)	which diate the last last last last last last last last	DUTIONS CONTR  19b. CONDITION  21b. TIME OF INJ HOUR A.M. P.M.  21c. PLACE OF IN (AT HOME, STREET, F)	A CONSEQUE  IBUTING TO D  I FOR WHICH OF  WRY  MONTH DA  JURY  MONTH DA  LORY, OFFICE, FA	OPERATION  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED  21c HOW INJURY OCCURI 211 LOCATION STREET	200 AUTOPSY YES NO RED (ENTER NATURE  CIT  death occurred on	2 20b. IF YE IN CERTIL OF INJURY IN ITEM 18	S, WERE FINDING CAUSES ES D PART 1 OR PART 2)  COUNTY  19 21 22 DATE	NGS USED OF DEATH? NO  STATE that (1) (we) 1 couses stoted
WEDICAL MEDICAL	Conditions, if only, vegave rise to immer couse (a), stating underlying couse  PART 2. OTHER SIGNIF  19a DATE OF OPERATIO  21a, ACCIDENT WAS UNDER OR CONTRIBUTING CALL  LIFETHER NOTIFY MEDICAL  21d. IN JURY OCCURRET  WHILE  WHILE  WHILE  AT WORK  22a I certify that (I) (b)  saw the deceased obove, (I) (MINING)  22b SIGNATURE  22d PHYSICIAN'S NAM  URIAL, CREMATION, RE	Vhich diate the lost SICANT COND SICE (COND SICE OF SI	DUTIONS CONTR  19b. CONDITION  21b. TIME OF INJ HOUR A.M. P.M.  21c. PLACE OF IN (AT HOME, STREET, F)	A CONSEQUE  IBUTING TO D  I FOR WHICH (  IURY  MONTH DA  IJURY  ACTORY, OFFICE, FA  Leased from	OPERATION  OPERATION  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED  21c HOW INJURY OCCUR!  21l LOCATION STREET  19 d that in (my) (aux) printed DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY YES NO RED (ENTER NATURE  CIT  death occurred on	2 20b. IF YE IN CERTIN OF INJURY IN ITEM 18 IF YOR TOWN  The date and hour STAFF PHYSICIAN	S, WERE FINDING CAUSES ES D PART 1 OR PART 2)  COUNTY  19 21 22 DATE	NGS USED OF DEATH? NO  STATE that (1) (we) 1 couses stated SIGNED
WEDICAL MEDICAL	Conditions, if ony, vegave rise to immer couse (o), stoting underlying couse  PART 2. OTHER SIGNIF  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDER OR CONTRIBUTING CALL  LIFETHER NOTIFY MEDICAL  21d. INJURY OCCURRET  AT WORK  22a I certify that (I) (II) saw the deceased obove, (I) (Municidal  22b SIGNATURE  22d PHYSICIAN'S NAME  22d PHYSICIAN'S NAME	Vhich diate the lost SICANT COND SICE (COND SICE OF SI	DUE TO, OR AS DITIONS CONTR  19b. CONDITION  21b. TIME OF INJ HOUR A.M.  P.M.  21c. PLACE OF IN (AT HOME, STREET, F)  intended the dec	A CONSEQUE  BUTING TO D  FOR WHICH (  URY  MONTH DA  JURY  ACTORY, OFFICE, FA  Leased from  death. 19	OPERATION  OPERATION  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR!  21l LOCATION STREET  19  d that in (my) (aux) printed  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	200 AUTOPSY YES NO RED (ENTERNATURE  CIT  MEDICAL DIRECTOR F	2 20b. IF YE IN CERTIN OF INJURY IN ITEM 18 IF YOR TOWN  The date and hour STAFF PHYSICIAN	S, WERE FINDING CAUSES ES D PART 1 OR PART 2)  COUNTY  19 21 22 DATE	NGS USED OF DEATH? NO  STATE that (1) (we) 1 couses stated SIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coi should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician

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#### STATE OF MARYLAND

1-	STATE REGISTRAR	VII ARTI		CATE OF DEATH	REG. N	IO.		
	CEASED NAME FIRST	ADYSLAW)	KR	AJEWSKI	AUGU	MONTH DI	1984	26 HOUR
3. SE	ALE	WHITE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
18	RTHPLACE (STATE OR FOREIGN OLAND	16. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWEI	NEVER MARRIED DIVORCED	BALTIMORE CITY	ORCOUNTY	CIT	Y "
B	ALTIMORE	6375. KENW	60D	AVE 21224	170 USUAL OCCUPAT	ON WORKING LIFE)		F BUSINESS O
MA	RYLAND 136. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13 CITY OR TOW	DRE	13d INSIDE CITY LIMITS? YES NO []	13. STREET ADDRESS	ZIP CODE	DU AV	E 2122
	LEOPOLD	RAJEWSKI		STANISLA	WA MIDDLE		tAS	ī
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN} (IF YES, G	rmed forces? 166. Social Security We war or oates) 212 32 6	642	JADWIGA KA	PATEWSKI	6375	KENWA	DAVE
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one couse per line for (a), (b), on	d (c).)				BETWEEN	MATE INTERVAL ONSET AND DEATH
		TE CAUSE 10) Xing	ance	2			21	leas
CATION	PART 2. OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING TO I	DE TH BUT	NOT RELATED TO THE TERM				
CERTIFICA	198 DATE OF OPERATION	19L CONDITION FOR WHICH	OPERATIO!	WAS PERFORMED	YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH?
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAI	RT 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC )	21f LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
	sow the deceased alive a obove, (I) (we) (skyd) (did n	oitol) attended the deceased from_ n19 py view the body after death.	, on	d that in (my) (our) opinion o	, to death occurred on the c		and from the	
	226. SIGNATURE	of Cha		PHYSICIAN	MEDICAL STA		P->	SIGNED -
	CHI- SHIA			100 N. Brown	lung Bal	Emy	nd	2123/
	BURAL, CREMATION, REMOVA	128 DATE 8 1984 20	CRED	FART OF ESU.	S BALTI	MORE	COUNTY	MD STATE
NA.	YMERAL DIRECTOR 1 14/MAYD L. 11/1620	Rowski 25251	SEET.	ST AL	G 2 7 1984	Julia L	ar's signat	Rando DO

DHMH - 16 50M 4/83 (VRA 15, 4)

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12	. "	FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENS 4 2 1	5 4 0
4	goe 3	I. DECEASED NAME FIRST	PHILIP K	ravitz	20. DATE OF DEATH MONTH DA	184 5:28PN
		3. SEX Male	White	DEC. 18, 1904		UNDER 1 YEAR # UNDER 24 HRS
	GE A	Ja. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARYLAND	75. CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED WIDOWEX DIVORCED	BALTIMORE CITY OR COUNTY OF	
10	by the filed will be the filed	10 CITY OR TOWN OF DEATH  BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET SINAI HO		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) MERCHANT	RETAIL
AND 212	filled in rould be myst be	USUAL RESIDENCE IF NURSING HOME OF 130. STATE 13b. COUL		N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 3125 BANCROFT R	#2121. D., APT. E
MARYL	ompletely ond 2 shows the conditions of the cond	14. FATHER'S NAME FIRST WOLF	MIDDLE KRAVITZ	15. MOTHER'S MAIDEN NA FIRST ETTA	WE	PETASKY
IIMORE,	S. Pages e medical	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 217-16-		R. MARVINADRESACHS	BOX 150 , MD 21043
ST., BAL	physicic onpopers emavol. event, the	PART I. DEATH WAS CAUSE	nly one couse per line for 101, (b), one D BY: TE CAUSE (0)	nary Embolus		APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH
ESTON	ottending ove carbi fion, or r	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	Sperative 1	evior	15 dans
W. PR	by the ase remain to crema other tr	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF		

#21215 ., APT. E PETASKY BOX 150 MD 21043 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? cholecystiti YES [ 215. TIME OF INJURY ACCIDENT WAS UNDERLYING HOUR A.M. YEAR MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.) 211 LOCATION 21d INJURY OCCURRED COUNTY CITY OF TOWN STATE NOT WHILE 220 | certify that (1) (this hospital) attended the deceased alive an our) opinion death occurred on the date and have and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN IAN'S NAME (TITE 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL AUG. 14, 1984 CHIZUK AMUNO (ARLINGTON) BALFIMORE MARYLAND COUNTY

21215

TO FUNERAL DIRECTOR: After this certificate has been signed should be detached for use as the burial-tronsit permit. Then ples with the State Dept. of Health and Mental Hygiene prior to buria TO HOSPITAL

OR ATTENDING

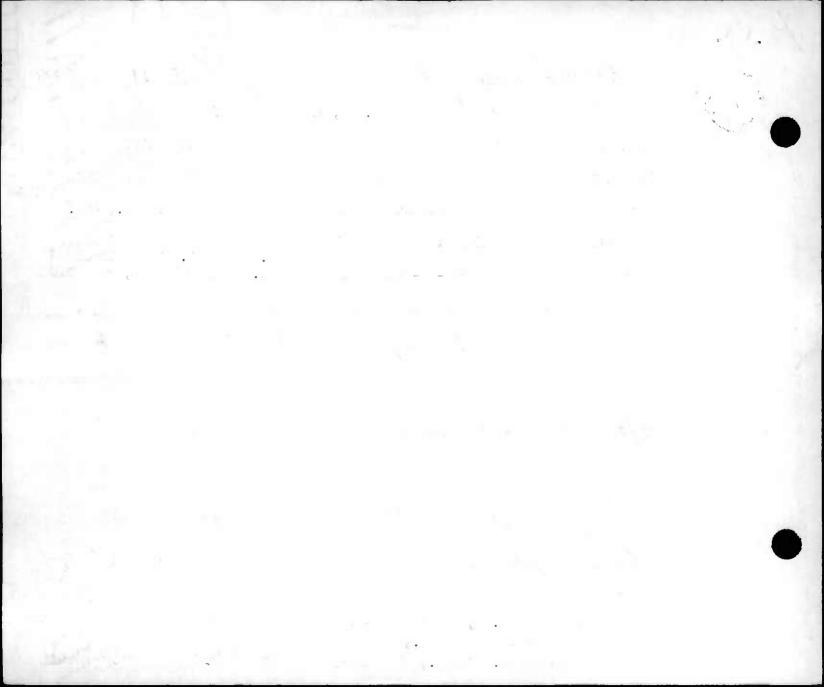
DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shows

24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD.

SOL LEVINSON & BROS., INC

BALTO., MD



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in should be detacked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the twith the State Dept. at Health and Mental Hygiene prior to burial, cremation, or remayal.

with the State Uept. or recontlined Arento Phygiene prior to buriot, cremation, or remayor.

IMPORTANT: If Hem 21 is marked at them 18 shows any injury, or other traumatic event, the medical examination of the

may be

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1	-	STATE
		DECICTRAD

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEC	110	

>	REGISTRAR		C	ERTIFICATE OF DE	ATH	REG. NO.			
	1. DECEASED NAME FIRST	MIC	DDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
ij	Harry	Henry) K	relleR			8-	19-84	M	
1	3. SEX	4 RACE		DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS	
9	Male		White June 17, 1910			74 YR			
	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF W	٨	ARRIED X NEVER MA	RRIED -	9 BALTIMORE CITY OR COU			
4	Maryland  10 CITY OR TOWN OF DEATH	United S		OME OR OTHER INSTITU	RCED [	Baltimore Ci	-	MD.	
1	Baltimore	(IF NOT IN SUCH I	FACILITY, GIVE STREET ADDR	ESS)	JIION	TYPE OF WORK FOR MOST OF WORKIN	G HEE) INDUSTRY	OF BUSINESS OR	
	USUAL RESIDENCE (IF NURSING HOME OF			Med. Ctr.		Steam-fitter	Ste	<u>sT</u>	
5	Maryland   136 COUR		Baltimore	13d. INSIDE CITY YES 🛣 N	LIMITS?	626 S. Ellwoo	d Ave./	21224	
	14 FATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S M		MIDDLE	1.45	st	
0			Kreller	Mary		-	Schaech		
	16a WAS DECEASED EVER IN U.S. AR	E WAR OR DATEST	66 SOCIAL SECURITY			ADDRESS		I State	
	Yes W.V	. 11	213-09-374	7 Mrs. Jo	osephi	ne Kreller / 6			
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per la	ne for (a), jb), and (c)	1		AN EN DIES	BETWEEN	MATE INTERVAL ONSET AND DEATH	
	IMMEDIA	TE CAUSE (b)	ardiac	arrest				11 11 11 11	
Ę		DUE TO, OR	AS A CONSEQUENCE	OF					
-	Conditions, if ony, which gove rise to immediate	(b)	TL						
ï	couse (a), stating the underlying cause last								
Ü	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT SELATED TO THE TERMINAL DISEASE OR CONDITION AIV.								
ŝ	Simple	Retro	aubia	Prosta	tech	D/	17/84		
5	190. DATE OF ESPERATION  210. ACTIDENT WASHUNDERLYING OR CONTRIBUTING AUSS OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINET  211. INJURY OCCURRED		ON FOR WHICH OPE	RATION WAS PERFORM		20a AUTOPSY?   206. IF	YES, WERE FINDIN	NGS USED	
4	8/17/84	Genia	in Prosta	tic Hure	rtrook		RTIFYING CAUSES YES	NO [	
7	21a. ACCIDENT WAS UNDERLYING	216 TIME OF		YEAR 21c. HOW NU	RY OCCURRE	(ENTER NATURE OF INJURY IN ITEM	IB PART 1 OR PART 2)		
Н	OR CONTRIBUTING CAUSE OF DE		, morring bar	19					
	214 INJURY OCCURRED	21e. PLACE OF	T, FACTORY, OFFICE, FARM,	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
	AT WORK ON AT WORK			111		2/2	od		
	22a.1 certify that (1 (this himself	tal attended the a	deceased from		19	_, to 8/19		that ((we) ast	
	gharm ( w Claid) [aid ]	year the bady of	ter kleath.		r) opinion de	eath occurred on the date and			
	23K SIGNATURE	11/1/	/	DEGREE ATT	ENDING _	MEDICAL STAFF	22c. DATE	G GAL	
4	174 PANSACIAN S NAME ANTO	poloik	ng	22e ADDRESS	SICIAN	DIRECTOR   PHYSICIAN	8/	4/84	
	Jareph C	Jeste	ling	France	is S.	coff Key	Medic	a/ Ctr.	
	23a. BURIAL, CREMATION, REMOVAL	100	PO1101 1	E OF CEMETERY OR CRE	MATORY	23d LOCATION			
	Burial	Aug. 23	,84 Holy	Redeemer e	em.	Baltimore	ME	aryland	
	24 FUNERAL DIRECTOR		ADDRESS			REC'D. BY REGISTRAR 711, REG	ISTRAK'S SIGNAT	LIBE	
	Lilly & Zeiler ]	nc. 700	S. Conklin	g St./21221	ALIC	0 0 may dist	New Jane	Dad. 02	

DHMH - 16 50M 1/81 (VRA 15, 4)

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retained by the hospital or attending physicion.

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ne 11.5€ -	VIO	si Kreller	8 D	91 090
ine Kreller / 625 3. Kilenod	togeto. Josephi	7-78-99-818		ne Y
	Armen	- Long France		
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Jaka Ville produced	Port-ter-	- margarit	51 4	Smill.
X X	The second	Julian Complete	4.	14/7/
	- 7 YE			
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Lilly & Seiler Inc. 700 B. Commiting St./912301

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TARRAIT	O.F				AND	SAPAIT AL	113

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE **CERTIFICATE OF DEATH** REGISTRAR REG. NO 2a. DATE OF DEATH DECEASED NAME (TYPE OR PRINT) PAUL 1984 KRIEWALD, SR. August 1 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. DATE OF BIRTH 3. SEX 4 RACE MONTH 4, 1921 MALE WHITE Jan. 70. BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED Maryland Baltimore City, S. WIDOWED 12b. KIND OF BUSINESS OR O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
South Baltimore General Hospital Baltimore Detective City Police USUAL RESIDENCE (IF NUR THE HEAD IN DITION OF THE RESIDENCE BEFORE ADMISSION)
13a STATE 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Brooklyn 5716 Pope St. (21225) Md. A.A. NO X 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Kriewald Paul Ruth Lures **ADDRESS** 60 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YES, NO OR UNKNOWN) 42-45 Yes 215-18-614 Lillian Kriewald, (same as 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (gangle), and (ga PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ID Conditions, if ony, which gove rise to immediate couse (a), stating underlying cause

190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
2)a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART ?)
21d INJURY OCCURRED  WHILE   NOT WHILE   AT WORK   AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OF TO	WN COUNTY STAT

DEGREE

22e ADDRESS

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED Aug. 2, 1984

EWALDO WEISS, M.D.

606 Hammonds Lane, (21225)

23a. BURIAL, CREMATION, REMOVAL	23b. DATE
Burial	Aug.

q.4,1984 Cedar Hill Cemetery 23d LOCATION Brooklyn Pk.

24 FUNERAL DIRECTOR

22b. SIGNATURE

CERTIFICATION

AUG

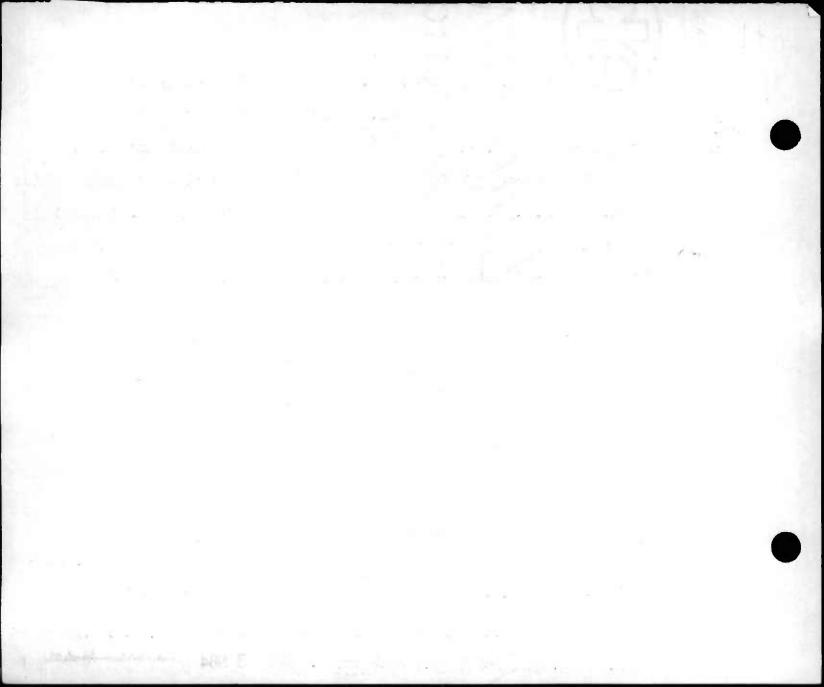
DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If hem 21 is

old be detached for the State Dept. of

George J. Gonce, 4001 Ritchie Hg., Baltimore, Md. 21225

23c. NAME OF CEMETERY OR CREMATORY



# death o OR ATTENDING PHYSICIAN, The low retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, th

IMPORTANT: If Hem 21 is marked or Irem 18 shaws any

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO	).		
1 DECEASED NAME FIRST MID	DLE L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TYPE OR PRINT) FERNE	J KRI	MMELBEIN		8-27-		12.54PM
3 SEX 4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UND	DAYS	IF UNDER 24 HRS. HOURS AIN.
FW	M9NTH 16	6 22	61	YRS		MUURS MIN.
76 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WE	HAT COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF D	EATH	
Indiana U.S.	WIDOWE		Balto.	City		MD.
LIE NOT IN SUCHE	SPITAL, NURSING HOME C ACILITY, GIVE STREET ADDRESS) NES HOSP.		12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF Homemaker	WORKING LIFE) IN	NIND OF	BUSINESS OR
USUAL RESIDENCE (IF NURS ROTHER INSTITUTION, GN 130. STATE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	710 0005		
Md.	Linthicum	YES NO	37 Mansion		210	90
I4 FATHER'S NAME		15 MOTHER'S MAIDEN NA		na.	210	90
Leslie Lee Sa	anders	Irene	J.	Pa	rker	
	SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS		
(YES NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES)	214-12-8527	Mr. Leo Kr	immelbein -	Same as	#13	
	oferial (b) and is	4		T	APPROXU	MATE INTERVAL
18 CAUSE OF DEATH (Enter only one couse per line PART I, DEATH WAS CAUSED BY:	andiorespera	low ansen	1.		DE I WEEN O	INSET AND DEATH
IMMEDIATE CAUSE (o)	a lo a deja a	grany weeks	/			
DUE TO, OR A	SA CONSEQUENCE OF	11/1/200	LAIR			
Conditions, if any, which (b)	Suo Hachn	wa yenw	.vag c			
cause (a), stating the DUETO, OR A	AS A CONSEQUENCE OF					
underlying cause last.	Hopmation	proumor	ua			
PART 2 OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	ITION GIVEN IN	PARI Ira	
190 DATE OF OPERATION 19b CONDITION  210. ACCIDENT WAS UNDERLYING 21b. TIME OF I						
190 DATE OF OPERATION 196 CONDITION	ON FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h. IF YES, WEF		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			YES NO	YES [	CAUSES	NO [
210. ACCIDENT WAS UNDERLYING 216. TIME OF I		21E HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I C	R PART 2)	
OR CONTRIBUTANCE   CALLEE OF DEATH	MONTH DAY YEAR					
(IF ETHER NOTIFY MEDICAL EXAMINER)  21d IN JURY OCCURRED  21e PLACE OF	IN HIPY	211 LOCATION				
WHILE NOT WHILE	FACTORY, OFFICE, FARM ETC }	STREET	CITY OR TO	VN C	OUNTY	STATE
AT WORK AT WORK						
22a I certify that (I) (this haspital) attended the		. 19	, to			hat (I) (we) lost
sow the deceased alive on above, (1) (we) (did) (did not) view the body of	ter death.	nd that in (my) (our) apinion	death occurred on the da	te and hour and	from the d	auses stated
22b. SIGNATURE		DEGREE			2c. DATE	SIGNED
NKman		ATTENDING PHYSICIAN	MEDICAL STAF		8/2	1/84
224. PHYSICIAN'S NAME (TYPE OR PRINT)		22e ADDRESS		PS TILL		
ARIL P. IMAM.						44.6
230. BURIAL, CREMATION, REMOVAL 236 DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	, con	NITY	STATE
(SPECIFY) Removal 8/27/84	4		CHTORIOWA	(00	7713	STATE
24 FUNERAL DIRECTOR		125e DA	TE REC'D BY REGISTRAR	Sh REGISTRAP'S	SIGNATI	IDF

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL

BP.

Anatomy Board

ADDRESS Balto., Md.

AUG 2 9 1984 Jandson Randson

#### STATE OF MARYLAND

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(Contraction of Contraction of Contr			

FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ROSE	LLA M.	KRUELLE	AUGUST 4	4,1984 2:35R.M
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR   IF UNDER 24 HRS
Female	White	"June 12 1902	82 YRS.	AONTHS DAYS HOURS MIN.
70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY Maryland	76 CITIZEN OF WHAT COUNTR	Y? & MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or County	OF DEATH MD.
Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT INSUCH FACILITY, GIVE SIRE Church Hos	SING HOME OR OTHER INSTITUTION PITAL	120 USUAL OCCUPATION  ITYPE OF WORK FOR MOST OF WORKING LIFE  HOUSEKEEPET	12b. KIND OF BUSINESS OR INDUSTRY  at home
	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEF OUNTY 136. CITY OR TO Balti	OWN 1134. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 11 West 20th	Street
14. FATHER'S NAME FIRST Harry	C. Westerm	an Margare	MIDDLE	hutt

no	(# 1ES, GIVE WAR ON DATES)	212-405-770	Marie Krulle	4515	Hampnett	Ave.
18 CAUSE OF DEAT PART I. DEATH W	IM (Enter only one cause per VAS CAUSED BY: IMMEDIATE CAUSE (a)	line far (a), (b), and (c).) CARD IOPULMO!	NARY ARREST			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA MINUTES
Conditions, if ony	, which ( (b)	R AS A CONSEQUENCE OF SEVERE CONG	ESTIVE HEART	FAILU	JRE	MONTHS
gove rise to imicause (a), statir underlying cause	ng the DUE TO, OI	RAS A CONSEQUENCE OF DIABETES ME	LLITUS			

17. INFORMANT

190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AUGUST 220.1 certify that (1) (this haspital) attended the deceased from JUL

saw the deceased alive on AUGUST 4
above, (1) (we) (did) (did not) view the bady after death and that in [my] (our) opinian death occurred on the date and haur and from the causes stated 226. SIGNATU DEGREE ATTENDING STAFF

22e ADDRESS 22d. PHYSICIAN'S SIAME JOHN MANNISI, MD.

SOCIAL SECURITY NO

( FYES, GIVE WAR OR DATES)

CHURCH HOSPITAL CORPORATION 100 N. BROADWAY, BALTIMORE, MD. 21231

		1200 110 2	7		
230. BURIAL, CREMATION, REMOVAL	23b. DATE	230 NAME OF CEMETERY OR CREMA		ION COUNTY	STATE
Burial	8-8-1984	Immanuel Luthera	n Ba	ltimore	Md.
Leonard J. Ruck,	Inc. 5305		1110 -	GISTRAR 256 REGISTRAR'S SIGN	fandell.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR

MPORTANT

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	non-Hospitas		Continue
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Kargary & T. Jahuta	senzo la o	.b .	mazeli
To Kenille of E Hammad Have.	B 277-301-213		
		and A to	

recorded J. muck, and. I solb markers Id. | Nob William Company

#### STATE OF MARYLAND

DEPARTMENT OF MEALTH AND MENTAL MYCHENE

Q4, that (I) (we) last

MD.

1 -	STATE REGISTRAR	CERTIF	CATE OF DEATH	REG. NO.	
	CEASED NAME FIRST OR PRINT) ATTO COE	The Kry	96-		0/84/2.07p
SE	Female 1	WHITE BANK	22° 1903	6. AGE (IN YEARS LAST BIRTHDAY)  80 YRS.	IF UNDER 1 YEAR IF UNDER 24 HAS MONTHS DAYS HOURS MIN.
2	RTHPLACE (STATE OR FOREIGN 7b. OUNTRY)  1 ARYLAND  TY OR TOWN OF DEATH 11.	CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWE		9. BALTIMORE CITY OR COUNT BALTIMORE 120. USUAL OCCUPATION	FOTTY M
I	BALTIMORE /	MERCY HASPITE	1L	THOME MAKE	NOUSTRY
30.5	TATE 136 COUNTY		13d. INSIDE CITY LIMITS? YES NO 1	7135 EAST A	AVE 21224
1	OHN GOSTON	DIE LAST D FORCES? 166 SOCIAL SECURITY NO.	AGNES LE	WANDOWSK ADDRESS	LAST
(1	(IF YES, GIVE W.	one couse per line for (a), (b), and (c).	BEINTAMIN !	RYGER 7/35	EASTAVE 212
	PART I. DEATH WAS CAUSED B IMMEDIATE C	Y: Va Ta	lar arryt	bnia	3.11(1) 0.351 2.10 2.10
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	yocardia	Infarction	
NON	PART 2. OTHER SIGNIFICANT CON	NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMI	inal disease or condition G	IVEN IN PART 110
RTIFICAT	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES NO NO
CAL CES	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	G -	ED (ENTER NATURE OF INJURY IN ITEM 18	PART ( OR PART 2)
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a   certify that (1) (this hospital) sow the deceased alive on above, (1) (we) [did) (did not) vi	iew the body after death.		, to	
	Clan M.	Bloke MD	ATTENDING PHYSICIAN  122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	8/10/8
	Alan M. I	Blaker	Mercy H	Ospital Bi	UTO., Md
30. b	AL, CREMATION, REMOVAL	236 DATE 236 CAME OF CI	EMETERY OR CREMATION	Rolling 1	OPHI M DIA

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR.

ould be detached to the State Dept. of

MPORTANT.

KACZOROWSKI 2525 FLEETS. "AUG" 1°4

11/1/2011/11/11/11 HOWENING PALTIDIANE INSPRES HISTORIAL THE THE THE THE THE THE STATE STATE JEHN GOSTEMBER PROPERTY AND LONG KENNES OF WHAT Miles of the second state of the second state of the second secon SULLY STANGER SERVING SERVING SERVING SERVING AND MAN LANGUAGE TO STATE OF THE MAN STATE WAS

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10	1	No. of Lot, House, etc., in such such such such such such such such	
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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG

IENE	6.3		

	Co			
REG.	NO.			
F DEATH	MONTH	DAY	YEAR	2b. HOUR
UST	25,19	84		5 50/PM

REGISTRAR		CERTIFICATE OF DEA	ATH REG. NO.					
1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR				
	OSEPH EDWARD KU	JEHLMAN	AUGUST 25,19	984 5 30/PM				
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.				
Male	White	July 12,1915	69 yr					
7a. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED XX NEVER MA	RRIED 9 BALTIMORE CITY OR COU	NTY OF DEATH				
New York	USA		RCED   Baltimore C:	ity MD				
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		UTION 12a. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORK IP	126 KIND OF BUSINESS OR				
Baltimore	1620 Ralworth	Rd.	Trans. Supt.	Steel Co.				
USUAL RESIDENCE (IF NURSING HOME 13a. STATE 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNITY 13L CITY OR TOV		LIMITS? 13e.STREET ADDRESS / ZIP C	ODE				
Maryland	Baltimo		□ 1620 Ralwort					
14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S M	AAIDEN NAME	LAST				
Joseph Edward	Kuehlman, Sr.	Hat	tie Wakely					
160. WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECT	URITY NO. 17. INFORMANT	ADDRESS					
(YES, NO OR UNKNOWN) (IF YES, O	105-05-4	032 August	a K. Kuehlman	Same				
18 CAUSE OF DEATH (Enter	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)							
A PAR LAND	DUE TO, OR AS CONSEOU	ENCE OF		111				
Canditions, if any, which	( (b) Carcin	omas of the	Chophenny (2)	1 12 years.				
cause (a), stating the	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF							
underlying cause last.	underlying couse last. (c)							
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110				
190 DATE OF OPER FION  210. ACCIDENT WAS UNDERLYING	scurrent Gaste	OPERATION WAS PERFORM	reding Duodenal Way	Hypercalcomie				
S 190 DATE OF OPERATION	AED 200 AUTOPSY? ZOM	FYES, WOVE FINDINGS USED ERTIFYING CAUSES OF DEATH?						
RIII			YES NO	YES NO				
	LICHE A MA MONITH D	AY YEAR	RY OCCURRED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2]				
(IF EITHER NOTIFY MEDICAL EXAMIN	NER) P.M.	19						
21d. INJURY OCCURRED	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY				
AT WORK AT WORK	WHILE NOT WHILE AT WORK							
	22a.1 certify that (I) (Win-hospital) attended the deceased from 4757, 1963, to 1977, that (I) (win) lost							
	nat) view the bady after death.		opinion death occurred on the date and					
226. SIGNATURE	· u u .D	DEGREE	ENDING MEDICAL STAFF	22c DATE SIGNED				
Albut	D Dudley	M.D. PH	YSICIAN DIRECTOR PHYSICIAN	8/27/84				
22d PHYSICIAN'S NAME (1YP	Bradley, M.D.	27e ADDRESS	oloim Dd Dolli	W4 01004				
			elair Rd. Baltimore,	Ma. 21206				
23a BURIAL CREMATION, REMOVA	AL 23b. DATE 23c.	NAME OF CEMETERY OR CRE	EMATORY 23d LOCATION					

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR

Parkville, Balto. Co., Md. Entombment Aug. 29,1984 Moreland Memorial P. 6500 York Rd. P. DATE REC 24 FUNERAL DIRECTOR

REGISTRAR 25% REGISTRAR'S SIGNATURE

GUILLA Davidson-Handale.

Mitchell-Wiedefeld Home, Inc. Balto., Md.21213

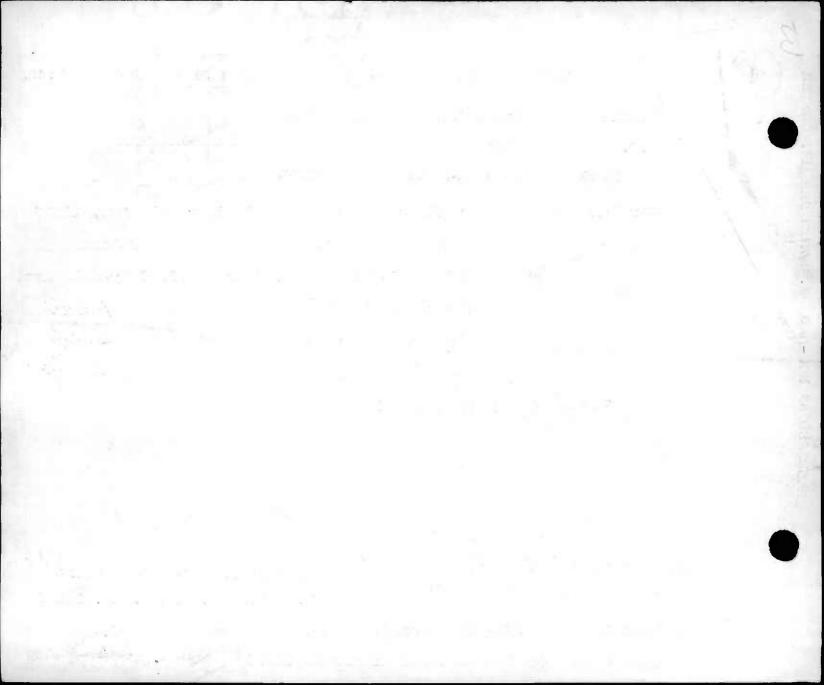
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Clair C. alti ore, C. 212		alcy, .	
	o ela e o J los . C. alto,212		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certilicate be executed within 24 hours after death. Page 4, for be resoured by the hospital or otherding physician.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and compared the process of the busici-transit permit. Then please remove compared is and 2 should be treat writing a formal and should be treated by the please compared to the state Dead of Health and Mental Houseneging to purish and mental Houseneging to purish an expensive the state Dead of Health and Mental Houseneging to purish an expensive transmitted to the state of the state	
IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumotic event, the medical examiner must be positived at a circ.	
47 33 50 1	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

1	1 -	FOR STATE REGISTRAR		DEP		EALTH AND MENTAL H	YGIEN) 4	6.		
ŀ	1 DEC	CEASED NAME FIRST	<u>.</u>	MIDDLE	t.	AST		MONTH DAY YEAR	26 HOUR A	
ľ		OR PRINT) MARY		J.	KUHI			10 1984	2:40 <sub>M</sub>	
	3. SEX	(	4. RACE		5. DATE C		6 AGE   IN YEARS LAST BIR			
		Female	Cauc	asian	MONTH	ne 9.1903	81	YRS. MONTHS OA	S HOURS MAIN.	
ı	7c. BIF	RTHPLACE ISTATE OF FOREIGN	7b. CITIZEN OF		TRY? 8		9 BALTIMORE CITY O	R COUNTY OF DEATH	<u> </u>	
7		D.C.	USA		WIDOWE	D NEVER MARRIED D	LUATITMO	RE CITY	MD.	
+	_	TY OR TOWN OF DEATH	11. NAME OF		URSING HOME C	R OTHER INSTITUTION	12a USUAL OCCUPAT		OF BUSINESS OR	
3		BALTIMORE			HÖPKINS	HOSPITAL	Homemake		RY _	
1	13a S	TATE 136 COUN	OTHER INSTITUTION	136 CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
2		Maryland		Balti	Lmore	YES X NO		dale Ave.	21213	
	14. FA	THER'S NAME	MIODLE	LAST		15. MOTHER'S MAIDEN N	I AME MIDOLE		LAST	
3		Joseph		Dral		Maude	711001	Delar		
7	16c. V	AS DECEASED EVER IN U.S. AR			SECURITY NO.	17 INFORMANT	ADDR		AV .	
		NO (# YES, GIV	E WAR OR OATES)	216-1	L6-6770	Joseph P.	Kuhn, son,			
		18. CAUSE OF DEATH (Enter on	ly one couse per	line for (o), (b	ol, and ici.1	-		BETWE	OXIMATE INTERVAL	
1		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE 10) Cardige Qurent						/-	1-Hours	
		DUE TO, OR AS A CONSEQUENCE OF 1							6	
		Conditions, if ony, which ( 1b) MGO (QV Q) al /5 Che mig					3	- men		
		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF							2 10	
	underlying couse lost (c) Phlumonis							- help		
-	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	rminal disease or con	IDITION GIVEN IN PART	Ita	
_	110	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED						Teni is wee with the		
39	CERTIFICATION	190. DATE OF OPERATION	TION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DEATH?		
1	RTI			5 0 1 1 1 1 1 1 1		10	YES NO	YES 🗌	NO 🗌	
		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME C		DAY YEAR	ZIC HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I ORPARI	7)	
	CA	(IF EITHER NOTIFY MEDICAL EXAMINER	) P.	M.	19					
Н	MEDICAL	21d INJURY OCCURRED	LAT HOME STREET FACTORY OFFICE FARM FICT			211 LOCATION STREET CITY OR TOWN COUNTY			STATE	
ı		AT WORK NOT WHILE AT WORK								
-		220.1 certify that (I) (this hospi	-011	e deceased for	4.61	10 19 8	4 . to	19	, that (I) (we) lost	
1		saw the deceased alive on above, (1) (ve) (did) (did no		ofter/death/	19, or	d that in (my) (our) opinio	on death occurred on the d	ote and hour and from t	he couses stated	
1		226 SIGNATURE DEGREE							THE SEGNED POLL	
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							110/07	
1		224 PHYSICIAN'S NAME (TYPE O	PRINT)	1	4-61	22e ADDRESS THE	JOHNS HOP	KINS HOSP	LIAL	
		/ lichael	14	v-e11	CERY	600 N. W	OLFE ST. B	ALTO, MD.	21205	
1			T			EMETERY OR CREMATOR				
	230 B	URIAL, CREMATION, REMOVAL	236 DATE		23¢ NAME OF C	EMETERT OR CREMATOR	ZJB LOCATION	COMMITTER OF	CTATE	
-	(	urial, cremation, removal specify) Burial	8/13	/84		wn Cem.	Baltin	ore. Md.	STATE	
-	24 FL	SPECHY)	8/13/		Oakla	wn Cem.	Baltin ATE REC'D BY REGISTRAR	ore. Md.		

DHMH - 16 50M 4/83 (VRA 15, 4)



FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	1	5	a	0
(in	10			

REGISTRAR						CERTIF	ICATE OF DEATH	REG. NO.				
		CEASED NAME	FIRST	,	MIDDLE	L	AST	20. DATE OF DEATH		GAY YEAR	26 HOUR	
	,,,,,,	OK PRINTIP	Jos	eph	R.		Lafage, Sr.	08/08/	84		9:30MP	
	3. SEX			1 RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE		# UNDER I YEAR		
	1	Male		Whi	Lte	Janu	1	70	YRS.			
1		RTHPLACE (STATEORI	EOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH	The H	
þ		est Virgin	ia	United	States	WIDOWE		Baltimor	e Ci	tv	MD.	
2		TY OR TOWN OF DEA			HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND	OF BUSINESS OR	
5	Ba	altimore					s Hospital	Carpenter			truction	
5	13a. S	A RESIDENCE (IF MURS	136 COUN	OTHER INSTITUTION	134. CITY OR TOW Baltimo	E ADMISSION)	13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS	/ ZIP COL	od Ave.	/ 21224	
	14. FA	THER'S NAME			1467		15 MOTHER'S MAIDEN NA	AME				
0		Guy		- I	LaFage,	¥.	Mary	MIDDLE		Bomba	AST	
i.	16a W	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS			
		NO OR UNKNOWN)	(III 123, OIVI	235-18-		7552	Russel LaFag	ge, Jr. 3727	e, Jr. 3727 E. Lon		mbard St./21224	
Š		18 CAUSE OF DEAT	H (Enter onl	y ane cause per	line for (o), (b), on	d (c)	1 . 1				DXIMATE INTERVAL N ONSET AND DEATH	
1		PART I. DE ATH WAS CAUSE (b) RESOLCATORY LOUISE						8	hours			
3		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if ony, which (b) TREUMON(2)										
		gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF										
9	1	underlying couse lost. (c) Saylamous Cell ca of the lung						1 /1	month			
	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OVEN IN PART 110										
	CERTIFICATION		- Line									
1	ICA	19a DATE OF OPERATION 19b. COND		TION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?		ES, WERE FIND IFYING CAUSE			
-	RTIF							YES NO		YES 🗌	NO []	
1		210. ACCIDENT WAS UNI		1 HOUR A.	M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCUR	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18	B PART T OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M.			19							
	MED	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAR				FARM, ETC J	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE	
		AT WORK	RK L						1=1	E221		
	N.	D el CVI										
	N.	obove, (1) (we) (did) (did not) view the bady after death.										
		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 221 DATE SIGNED										
		PHYSICIAN DIRECTOR PHYSICIAN BY 8 8 8 9										
		22d PHYSICIAN'S N	AME (TYPE O	1 -	ans		22e ADDRESS	41.	11	_ 1	1	
		CDWHI	(0)	KHSF	PER		Jonns	Morkins	[70	Spita		
		BURIAL, CREMATION,		23b. DATE			CEMETERY OR CREMATORY	23 LOCATION CITY OR TOWN		COUNTY	STATE	
		Buria:	1	Aug.11	.,1984 0	akLaw	n Cemetery		7 0	timore (		
		UNERAL DIRECTOR			ADDRESS			TE REC'D. BY REGISTRAI		Davidson-	Gandela.	
	1	Lilîy & Ze	ller :	Inc. 190	Ol Easter	n Ave	./21231 AU	IG 1 3 1984	V			

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the charles should be detached for use as the burial-transit permit. Then please remake a with the State Dept. of Health and Mental Hygiene prior to burial, crematian, IMPORTANT: If them 21 is marked at them 18 shows any injury, or other traums

AND STATE OF THE PARTY OF THE P rs. Vinia Unia ituas and the state of the second of the state of THE I. Line ood Ave. / 2122-Вошре baraja, Jr. Harr C LT 235-13-75 Jungel Lafore. Jr. 1 370 / E. Mosusyd St. V. 1228 Baltimore Co., M. Duist Cemeters Lilly & Joilor Inc. 1901 Formers Ave. (21331 | Mile

IMPORTANT: If Hem 21 is morked or lies 18 shows ony injury, or other troumotic event, the

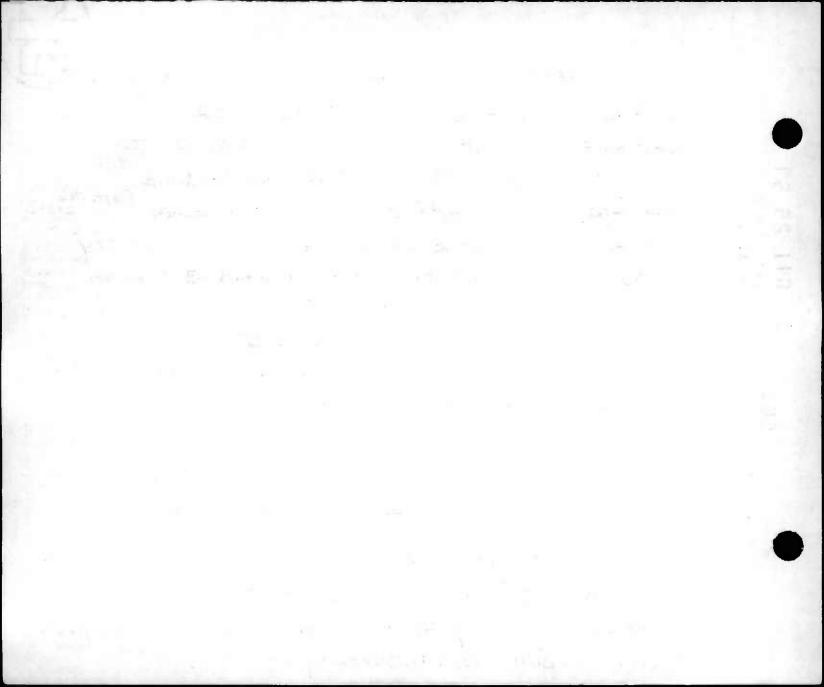
DHMH - 16 50M 4/83

(VRA 15, 4)

poge 3

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR	DEF		EALTH AND MENTAL H	1.30	€. NO.		
		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEA		DAY YEAR	2b. HOUR
	(TYPE	JAMI	ES	LA	ND		08	05 84	2:381
	3 SE)	K	4. RACE	5. DATE C		6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
)	1	MALE	Black	MONTH	- 30 - 32	54	L YRS	MONIHS DATS	HOURS MINL
11		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	VTRY? 8.	D NEVER MARRIED	9. BALTIMORE C		TY OF DEATH	
3	Bi	AltimorE	U.S.A.	WIDOWE			ORE (	CITY	MD
9	1	TY OR TOWN OF DEATH ALTIMORE	11. NAME OF HOSPITAL, N (IF NOT INSUCH FACILITY GIVE THE JOHN	URSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCI	es of working	LIFE) INDUSTRY	OF BUSINESS OR
5	130. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN	VTY 134 CITY OF	EBEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDE		0 /	Md 41213
C	T	THER'S NAME FIRST	MIDDLE LANG	Sr.	EMMA	MID	L	vorthi	1
/		VAS DECEASED EVER IN U.S. AR YES, NOOPUNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL REWAR OR DATES)	18-5959	HAttie L.	LAND !	ADDRESS	Jennum	BAI T. ME BILI3
		18. CAUSE OF DEATH (Enter or			2.00	1 0	_	APPR )X BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	IE CAUSE (o)	DIORE	spiratory	2 ATTR	185	2	Mins.
		Conditions, if any, which	DUE TO, OR AS A CON		DIAC ARI	LEST		3	DAYS
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF		DIOMYOF	1776	P 45	ARS
	NOI	PART 2. OTHER SIGNIFICANT C		G TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR	CONDITION	EIVEN IN PART 11	0
X	ERTIFICAT	190 DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	YES NO	IN CER	'ES, WERE FINDI TIFYING CAUSES YES [	
7	U	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE (	DE INJUNY IN ITEM I	8 PART I OR PART ?)	
	MEDICAL	ZIG INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	OFFICE, FARM. ETC.)	21f LOCATION STREET	CIT	ORTOWN	COUNTY	STATE
		22a I certify that (1) (this hospi saw the deceosed alive an above, (1) (we) (did) (did no		Cod /	nd that in (my) (our) opinion	on death occurred an	the date and h	our and from the	that (1) (we) lost causes stated
		276. SIGNATURE	a face	48C.	ATTENDING PHYSICIAN		STAFF	27c. DATE	5784
		HATUS	SCEIN		Towns	Hopkins	Hosp	sital	
	230. B	SURIAL, CREMATION, REMOVAL	23b. DATE 8-10-84	231. NAME OF C	EMETERY OR CREMATOR	9460t	US.	COUNTY	(AKE
	W	NERAL DIRECTOR S	1630	PREST BU	^	G 7 1984	TRAR ISH REG	STRALE SIGNA	H8282.



mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	).		
	CEASED NAME FIRST	MIDDLE	LAS	51	20 DATE OF DEATH	MONTH DA	YEAR	26 HOUR
{   TYPE	SARAH	JOSEPHINE	ĻĄNG	AN	August	9	1984	3:501
3. SEX	(	4. RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRT		FUNDER 1 YEAR	IF UNDER 24 HR
F	'EMALE	WHITE	03	03 1900	,84	YRS	DATS	HOURS MI
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	□ NEVER MARRIED □	9 BALTIMORE CITY OF	_		
	IEW YORK	U.S.A.	WIDOWED	A	BAlhma	ia Ci	TY	,
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		OTHER INSTITUTION	12a USUAL OCCUPATION			OF BUSINESS C
10	pallimone	3 outh Ballo		GENERAL HOSP	HOUSEWIFE		INDUSTRI	
USUA 13a S		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	7IP CODE	2	1230
	IARYLAND	BALTIMO		YES NO	1820 SPEN	ICE ST	REET	APT. 3:
14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME		LA	
	BERNARD	CLARK		MARY	MIDDLE		HIC	
	VAS DECEASED EVER IN U.S. A		URITY NO.	17 INFORMANT	ADDRE	SS		-
	(ES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES) 218-22-	-8640	SUSAN MEUSHA	W 5174 VIA	DUCT	AVENUE	. 21227
	18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b), a	ind (c),)				APPRO) BETWEEN	ONSET AND DEAT
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a) Cardia	1	ret				5 mins
	gove rise to immediate cause 101, stating the underlying couse last	DUE TO, OR AS A CONSEQU						
Z	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONE	ITION GIVE	N IN PART 1	a.
TIFICATION	PART 2: OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO			200 AUTOPSY?  YES NO	20b IF YES,	WERE FINDI	
CERTIFIC		21b. TIME OF INJURY HOUR A.M. MONTH	H OPERATION		200 AUTOPSY?	206 IF YES, IN CERTIFY YES	WERE FINDI	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING   CAUSE OF C	21b. TIME OF INJURY HOUR A.M. MONTH	H OPERATION DAY YEAR 19	WAS PERFORMED	200 AUTOPSY?	206 IF YES, IN CERTIFY YES	WERE FINDI	NGS USED S OF DEATH?
	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (#FETHER_NOTHY_MEDICALEXAMIN 21d INJURY OCCURRED  WHIE NOT WHIE AT WORK AT WORK  22a.l certify that (I) (this has sow the deceased allive of	216. TIME OF INJURY HOUR A.M. MONTH E P.M. 21e PLACE OF INJURY {AT HOME STREET, FACTORY, OFFICE	DAY YEAR 19 , FARM EIC)	WAS PERFORMED  21c. HOW INJURY OCCUR!  21f. LOCATION STREET	200 AUTOPSY?  YES NO CITY OR TOV	206 IF YES, IN CERTIFY YES Y IN ITEM 18 PAI	WERE FINDI ING CAUSES (COUNTY)	NGS USED S OF DEATH? NO STATE
	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (#FETHER_NOTHY_MEDICALEXAMIN 21d INJURY OCCURRED  WHIE NOT WHIE AT WORK AT WORK  22a.l certify that (I) (this has sow the deceased allive of	21b. TIME OF INJURY HOUR A.M. MONTH E P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	DAY YEAR 19 . FARM.EIC)	21f. LOCATION STREET  19 4 that in (my) (our) opinion	200 AUTOPSY?  YES NO CITY OR TOV  TO AUS TO death occurred on the do	206 IF YES, IN CERTIFY YES VN VN 1 te ond hour	WERE FINDI ING CAUSES IT I OR PART 2)	NGS USED S OF DEATH? NO STATE
	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LEFTHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE 22a. Leertify that (1) (this has sow the deceased alive a obove, (1) (we) (did) (did)	21b. TIME OF INJURY HOUR A.M. MONTH E P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	DAY YEAR 19 . FARM.EIC)	21f. HOW INJURY OCCURE 21f. LOCATION STREET  19 4 that in (my) (our) opinion	200 AUTOPSY?  YES NO CITY OR TOW  CITY OR TOW  deoth occurred on the do	206 IF YES, IN CERTIFY YES VN THE OND HOUR	WERE FINDING CAUSES  RELORPARES  COUNTY  ond from the	NGS USED S OF DEATH? NO STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 08-13-84

Man'a Eugenz Ladricuz

23c. NAME OF CEMETERY OR CREMATORY

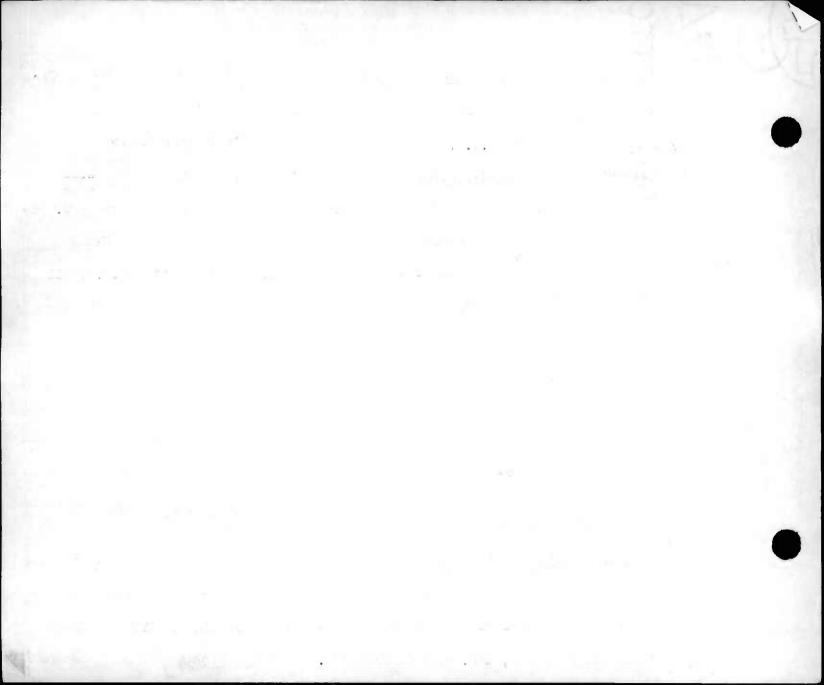
23d LOCATION
CITY OR TOWN
BALT IMORE MARYLAND CITY

BALTIMORE NATIONAL 24 FUNERAL DIRECTOR 21229

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

23b. DATE

whia Davidson-Randall



# TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon page with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If them 21 is marked or than 18 section injury, or other traumatic event, it OR ATTENDING PHYSICIAN: The low TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or offending physician.

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MI		ENE REG. NO	2 1	3 3	
		EASED NAME FIRST OR PRINT)		OSINA LAI		AST		20 DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR
1	3 SEX		4. RACE		5. DATE C	F BIRTH		6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
		emale	Cauca	sin	2 MONTH		93	91	YRS.	MONTHS: DAYS	HOURS MIN.
1		THPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	- C NEVER 11	anien 🗆	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
5		aryland	U.S.A	1.	WIDOWE	D NEVER MA	ORCED [	Baltimo	re C	ity	MD.
8		altimore	(IF NOT IN SUC	HOSPITAL, NURSING HEACHTY, GIVE STREET A	DDRESS		UTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOUSEWI	F WORKING LIF	FE) INDUSTRY	me
5	13a. S		timore	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Catonsv	٧.		40 [X	2 /		Avenue	21228
Z	FA'	THER'S NAME FIRST  Anton	WIDDLE	Wolfel		15 MOTHER'S A	istir	MIDDLE		Wolfel	1
2		AS DECEASED EVER IN U.S. AF	MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMAN	T	ADDRE	SS T	inthic	um. Md
4	(Y	ES NO OR UNKNOWN) (# YES, GT	VE WAR OR DATES)	217-46-	-3367	Mr. Ke	nneth	M. Lapp		Michae	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per D BY TE CAUSE (a)	line for (a), (b), and Respi	11c1.1	ony	f	trrest		BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if any, which (b)								140	laye
		gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OI	R AA A CONSEQUE			5-4	>5:5	7		8
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE OR CON	DITIONGIN	VEN IN PART 11	0
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDI	n Julati	OPERATIO	HWAS PERFOR	4	AES NO	IN CERTIF	S, WERE FINDIN FYING CAUSES ES	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJ	JRY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY PEET, FACTORY, OFFICE, F	ARM, ETC	211 LOCATION	1	CITY OR TO	IWN	COUNTY	STATE
		22a.1 certify that (1) (this hosp saw the deceased alive ar above, (1) (we) (did) (did no	0/7	19.7	19/1	nd that in (my) (c	19 Junion o	, toleath accurred an the de	ate and hai		that (I) (we) last causes stated
		221 9 GNATURE L	Owa	Lim	15		TENDING _	MEDICAL STAI		22c DATE	SIGNED
		22d PHYSICIAN'S NAME (TYPE		4 MD		22e ADDRESS	00	S. CA	70 mg	ATY.	Sund
		URIAL, CREMATION, REMOVA	. 23b. DATE	23c. N	AME OF C	EMETERY OR CR	REMATORY	234 LOCATION	1	COUNTY	STATE
		Burial	8-10-	-84 Ba	lto.	Natio		em Baltim			Md.
		INERAL DIRECTOR		ADDRESS	101		25e DATE	4 0	Ab REGIS	PRAR'S SIGNAT	indiale i
	IV.	lac Nabb Fune:	cal Hon	ne Cator	nsvi]	lle Md.	AUG	1 0 1984			•

488: Haller,	7 12 00 00 A	MATHERINE ROSIDA LLAP	
		Laccust	T GLERG
			50146/11/1
		Lat. Parish Series at	ero la le
	iculai (A. d	o prilivations of anomia last	4 197
	miretric	Collector .	
	DOLLARD TO PROMO		
	This park is		
New CARD			
100	nerite a marchinera	10 Jan 19-01-1	

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prior

and Mental Hygiene morked or Item 18 shows

If Item 21

MPORTANT:

should be detoched for with the State Dept. of

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

		REG. NO	١,				
	20 DATE OF	DEATH A	AONTH	DAY	YEAR	26 HOL	IR
	Augus	st 24,	198	4		10:	15 AP.1
4	6 AGE INYE	ARS LAST BIRTH	HDAY)		RIYEAR	IF UNDER	
	74		YRS	MONIHS	DAYS	HOURS	MIN.
	9 BALTIMO	RE CITY OR	COUNT	Y OF DE	ATH		
	Balt	imore	City	7			MD.
	12a USUAL C (TYPE OF WORK Ret.	CCUPATION FOR MOST OF Balt.	working L City	124 1870 7 <b>82</b> 1	KIND O	a tio	n Bept
?	135755 A						
NAA	AE	MIDDLE	5	Sand.	less		
ed	Laste:	ADDRES		llow	ton	Ave	21239
w	re	7			APPROXI	MATE INTE	PEATH
AT.	49						
0	de	sea	el				
ERM	INAL DISEASE	ORCOND	ITION GI	VEN IN I	PART IIc		
	20a AUTO	PSY?	IN CERT			OF DEA	
CURR	ED (ENTER NA	TURE OF INJURY	r IN ITEM 18	PART I OR	PART 2)		
		CITY OR TOW	/N	(0	UNIY		STATE

REGISTRAR MIDDLE I. DECEASED NAME FIRST (TYPE OR PRINT) SAMUEL LASTER 3 SEX 4 RACE 5. DATE OF BIRTH June 22, 1906 EAS White Male 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Federal Hill Nursing Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
135. COUNTY
136. COUNTY
137. CITY OR JOWN
Baltimore 13d. INSIDE CITY LIMITS YES T NO [ 15 MOTHER'S MAIDEN 14 FATHER'S NAME MIDDLE Laster Benjamin Ida IRSI 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT (YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES! 218-10-4588 Mrs Mildr 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c Conditions, if any, which gave rise to immediate couse (a), stating underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21E HOW INJURY OC HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from saw the deceased alive an. and that in (my) (que) apinian death accurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the body after death THE DATE SIGNED 8/25/84 ATTENDING ! DIRECTOR PHYSICIAN PHYSICIAN. 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT Samuel Rubin, M.D. 1 Slade Ave. Baltimore, Maryland 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL Cremation STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

0

Leonard J. Ruck Runeral Home, Inc.

24 FUNERAL DIRECTOR

FOR

- STATE

Westview

CITY OR TOWN

Baltimore, Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Balto., Md. 21214

8/27/84

4	1 - STATE REGISTRAR HENRY			JRY G	EORGE LA	DEPARTA UTERBACH		EALTH AND MENTAL HY ICATE OF DEATH	GIENE	REG. NO.			
, L							AIDDLE		AST	2a DATE	OF DEATH MOI	NIH DAY	YEAR
2	MI		Title	Her	7737		G I.	aute	rbach		5	30	84
yo.	A S	\	3 SEX		y	4 RACE		5. DATE C		6 AGE	IN YEARS LAST BIRTHDA		UNDER I YEAR
3e 4		/	N.	ale		White		MONTH	3 6 02		82	YRS.	VIHS DAYS
Po	0.7	9		THPLACE (STATE OR	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.			AORE CITY OR C	OUNTYO	FDEATH
leath.	10 P	2		aryland		U.S.A	•	WIDOWE	V		Baltimor		У
s ofter o	by the fu	0		ry or town of DEA	ATH /		HOSPITAL, NURSIN H FACILITY, GIVE STREET gnes Hosp		R OTHER INSTITUTION	(TYPE OF W	al Occupation or Retire tenance		126 KIND OF INDUSTRY Balti
24 hours ofter	filled in ould be to	5	13a. S	L RESIDENCE (# NURS TATE ryland	135 COUR	rother institution, NTY imore	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Catonsv:	N	13d INSIDE CITY LIMITS? YES NO 🛣	13e STREE	T ADDRESS / ZI Winters	P CODE Lane	2122
ed within	completely and 2 sh		IA. FA	THER'S NAME FIRST George		MIDDLE La	uterbach		13 MOTHER'S MAIDEN NA FIRST Elizabe		MIDDLE		Luft
se executed	Pages	2		(AS DECEASED EVER ES, NO OR UNKNOWN) NO		MED FORCES? VE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT  Elaine E. B	attee	4009 Cl Ellico	hathai tt Ci	n Road ty, Md
tificote b	physicio in papers imovol.			18. CAUSE OF DEAT PART I. DEATH W	'AS CAUSE			TNOK	IA				APPROXIM BETWEEN O
es that the death certificate	by the ottending use remove corbo , cremation, or re other traumatic e			Conditions, if ony, gove rise to improve (o), static underlying couse	, which mediote ng the	DUE TO, OI		ulmi	mary Are				
S T	riol,			0.010.001050.5101	UEIGANIT				NOT RELATED TO THE TERM			ON CIVEN	IN LOADT 1
edoire	Then I to bu		NOI	Preum		to Go			luin Diffice	A	ASE OR CONDIII	ON GIVEN	IN PART ITO
he low re	has been permit ene prior	2	FICA	19a DATE OF OPERA		196 CONDI			N WAS PERFORMED		0.		VERE FINDIN NG CAUSES
CIAN. T	al-transit ntal Hyginem 18 sm	G	AL CERT	21a. ACCIDENT WAS UNI	CAUSE OF DE	AIH	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RRED (ENTER	NATURE OF INJURY IN	ITEM 18 PART	I OR PART 2)
PHYSI	this ce buri		MEDICAL	21d INJURY OCCUR	RED	21e PLACE			211 LOCATION		CITY OR TOWN		COUNTY
0	a to the		_	AT WORK AT WO							21	1	P = 0

YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES [ NO M 18 PART | OR PART 21 COUNTY STATE TO FUNERAL DIRECTOR: Afi should be detached for use ar with the State Dept. of Health OR ATTENDIN 22a I certify that M (this hospital) attended the deceased from etoined by the hospital MPORTANT: If Hem 21 is saw the deceased alive on\_obove, yii (we) (did) (dynnot) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE MD MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING 22e ADDRESS (DORDON 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL Baltime Baltime Burial 9/1/84 Holy Redeemer Most Leroy M. & Russell C. Witzke Funeral Homes P.A 1630 Edmondson Avenue, Catonsville, Md. 21228 24 FUNERAL DIRECTOR (VRA 15, 4)

STATE OF MARYLAND

26 HOUR

126 KIND OF BUSINESS OR

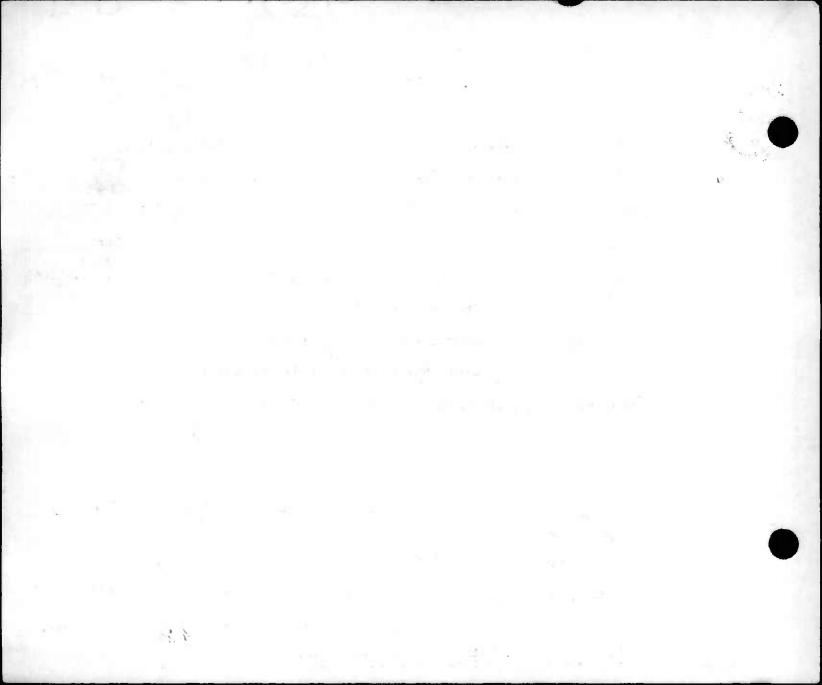
21228

City, Md. 21043 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Baltimore City

IF UNDER 24 HRS

DHMH - 16 50M 4/83



	X	1-	FOR STATE REGISTRAR			EALTH AND MENTAL H	YGIENE 44 REG.	NO.		
ath a			CEASED NAME FIRST OR PRINT) DE	CVIN	LAZA	RUS	20. DATE OF DEATH AUGUST		1984	7:58 M
6	1	3. SE	nale	1 RACE	S. DATE C			YRS		IF UNDER 24 HRS HOURS MIN.
17	13	m	RTHPLACE (STATE OR FOREIGN OUNTRY)  TY OR TOWN OF DEATH	7b. CITIZEN OF WHAT C	MARRIE		BALTI	MORE	CITY	MD.
by the		1	BALTIMORE  AL RESIDENCE (# NURSING HOME	THE JOHN	SHOPKIN	S HOSPITAL				- BOSINESS OR
and the second	35	13a. S		HNIX 14. CII	napa 115	13d INSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN I	Routel	Box	532-2	1401
	120		Brian VAS DECEASED EVER IN U.S.		LAST CIAL SECURITY NO.	17. INFORMANT	WIDDLE	RESS <		ŢĎ
0.2	Sept of the sept o		YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)		Brian L	àzarus		Jame 1	5
ng physic	cevent, t		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	ISED BY	ZEBRAL	ISCHEMIA			BETWEEN	MATE INTERVAL ONSET AND DEATH
by the attenda	al, cremation, ar		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)	CONSEQUENCE OF DIZ	OWNING			Z	days.
Then pl	injury, o	NOI	PART 2 OTHER SIGNIFICAN	IT CONDITIONS <u>CONTRIB</u>	UTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION G	IVEN IN PART 110	3
has been it	neue bui	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDIN TIFYING CAUSES YES []	
ng physic certificate urial-trans	Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MI	ONTH DAY YEAR		URRED (ENTER NATURE OF IN	IJURY IN ITEM 18	3 PART I OR PART 2)	
offer this	th and M arked ar	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		ORY, OFFICE FARM ETC )	211 LOCATION STREET	CITY OR		COUNTY	STATE
ol ol ol ol ol ol	E S		22a I certify that (I) (this ha	spital) attended the decea	sed from HUGH	7 /4 19 8	to AUGUL		,	that (I) (we) lost

STATE OF MARYLAND

O FUNERAL DIRECTO MPORTANT: If hem 2 23d LOCATION 236. DATE DHMH - 16 50M 4/83 (VRA 15, 4)

DEAN

ICHAEL

DEGREE

600

STAFF

BALTO.

HOSPITAL

JOHNS HOPKINS

WOLFE ST.



completely filled in by the funeral director, p

# STATE OF MARYLAND

FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND MENTAL H	YGIENE	REG. NO.	•			
. DECEASED NAME	FIRST		MIDDLE	i	AST	20. DATE OF D	EATH MONTH	OAY	YEAR	26 HOU	R
[TIPE OR PRINT]	CLAYI	ON	D	LE	AK		80	25	84	1:2	201
SEX	4. 1	RACE		5. DATE C		6 AGE IN YEA	RS LAST BIRTHDAY)	IE UN	DER I YEAR	IF UNDER	24 HRS
MALE		BLACI	<	MONTH 08			YR		DATS	12	MIN.
BIRTHPLACE (STATE OR FOR MARYLAND	DREIGN 7b	CITIZEN OF	WHAT COUNTRY	8	D NEVER MARRIED	BALTI	CITY OR COU	CIT			MD
BALTIMORE	7	HE JO	OHNS HO	PKINS	HOSPITAL	120 USUAL OC	CCUPATION OR MOST OF WORKIN		b. KIND ( IDUSTRY	OF BUSINE	SS OR
USUAL RESIDENCE (IF NURSIN 13a. STATE	IZE COUNTY	ER INSTITUTION	GIVE RESIDENCE BEFOR		136 INSIDE CITY LIMITS?	13e STREET AC	DRESS / ZIP CO	SDE	2	000	50
4. FATHER'S NAME  CLAYTON	DELA	ŇEY	LEÄK		15 MOTHER'S MAIDEN N		MIDDIE		1A	GAR	Y
(YES, NO OR UNKNOWN)	N U.S. ARME (#FYES, GIVE W		16b. SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS				
Conditions, if ony, gove rise to immicouse (o), storing underlying couse	ediote 1 the solutions	DUE TO, O  (c)	R AS A CONSEQU R AS A CONSEQU	JENCE OF	MON ARY			GIVEN IN	I PART 1	01	
19a DATE OF OPERATI	ION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOP				NGS USED OF DEAT	H?
	AUSE OF DEATH	216. TIME C HOUR A. P.		AY YEAR	21c HOW INJURY OCC	URRED (ENTER MATU	RE OF INJURY IN ITEM	18 PART I	OR PART 2)		
CIE EITHER NOTIEY MEDICA  216 INJURY OCCURRI  WHILE NOTI WHILE AT WORK AT WORK	E	21e. PLACE (AT HOME, ST	OF INJURY REET, EACTORY, DEFICE	FARM, ETC )	211 LOCATION STREET		CITY OR TOWN	(	OUNTY	s	TATE
22e I certify that (I) ( sow the decease above, (I) (we) (Ii) 22h 5#ONATURE		C/	12	84.0	nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	MEDICAL	STAFF	hour and	from the	that (1) (vecauses stated SIGNED 2-5-	oted
22d. PHYSICIAN'S NA	ME (TYPNOR PR	INT)			22e ADDRESS					9	
30. BURIAL, CREMATION, R	EMOVAL	236. DATE	23€	NAME OF C	EMETERY OR CREMATOR	Y 23d LOCAT		co	INTY	5	TATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove corbompopers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumotic event, the

IMPORTANT: If them 21 is marked or them 18 shows any

24 FUNERAL DIRECTOR Anatomy Board

Removal

ADDRESS

8/30/84

Balto., MoSEP 0 4 TON

the state of the s

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

injury, ar ather traumatic e

IMPORTANT: If Hem 21 is marked on Hem 18 shaws any

Newnam Funeral Home

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

	FOR 1 - STATE REGISTRAR	DEPA		EALTH AND MENTAL H	YGIENS =	REG. NO.		
	1. DECEASED NAME FIRST	MIDDLE	l	AST	20 DATE OF		DAY YEAR	2h HOUR
	(TYPE OR PRINT) CHRIST	TINE H	L.	EDNUM	AUGU		1984	12:15 <sup>P</sup> <sub>M</sub>
g	3. SEX	4. RACE	5. DATE C		6. AGE (IN YE.	ARS LAST BIRTHDAY)	# UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	female	Caucasian	4	21 35	49	YRS		
	TO BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED		E CITY OR COUN		
	Maryland	USA	WIDOWE				CITY	MD.
1	BALTIMORE	THE JOHNS HO			120 USUAL O	FOR MOST OF WORKING Nurse		F BUSINESS OR Cal
1	USUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BE		1 13d INSIDE CITY LIMITS	2 13. STREET A	DDRESS / ZIP CO	DE	
7		lbot East		YES NO X	Rt.5	Box 258	3/21601	
1	14 FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE	IAS	1
	Vernal 3		n	Martha	1		Glic	k
	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT		ADDRESS		
-	NO		6-2327	Gene G. I	Lednum	see 13e		
	18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b)	, and Ici				BETWEEN C	MATE INTERVAL DISET AND DEATH
		TE CAUSE (o) CAIO	10/14/	monary a	des		10	Min
		DUE TO, OR AS A CONSE	QUENCE OF	1	. 1		3 /	10 (05
	Conditions, if any, which gave rise to immediate	(b) (h) es	51.12	1 lung	fisease		2	reles
0.00	cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSE	OUENCE OF	/				
ì	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE	OR CONDITION C	SIVEN IN PART IN	
	≥ Dossisle	Panclesta	17'4					
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH		N WAS PERFORMED	20a AUTO	- IN CER	ES, WERE FINDIN	OF DEATH?
4	71g, ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	• 175	21c HOW INJURY OCC		URE OF INJURY IN ITEM I	YES	NO
1		ATH HOUR A.M. MONTH		ZIL HOW INJURY OCC	LURKED TERRIAL	JRE OF INJURY IN ITEM I	B PART I OR PART 2)	
(See	OR CONTRIBUTING CAUSE OF DE-	P,M. 21e PLACE OF INJURY	19	211 LOCATION				
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFF	ICE FARM ETC )	STREET	Λ	119 A L	COUNTY	STATE
		ital) attended the deceased fro	0	19	to8	1210		that (1) (we) last
	saw the deceased alive on above, (1) (we) (did) (did no	at) view the bady infter death.	9, a	nd that in (my) (our) opin	ian death accurred	on the date and h		
	226. SIGNATURE	Kuch	/	DEGREE ATTENDING PHYSICIAN		STAFF	221. DATE	129
	224. PHYSICIANI'S NAME (TYPE C	ORMINT) Krul		22e ADDRESS 600			BALTO. 21/205	MD/
	23a BURIAL CREMATION, REMOVAL		3c NAME OF C	EMETERY OR CREMATOR	RY 23d LOCA	I ION	1103	11.167
	Buria1			ew Ch.Cem	. Cor	an return	Talbot	Md.
	24 FUNERAL DIRECTOR	ADDRE	55		DATE REC'D. BY RE		audson 18	holes
	Newnam Funeral			Md SI	EP 4 19	84 Jalia 4	Marianon	

Easton, Md

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OLFE STOP

executed

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow etoined by the hospital or ottending physicion. FOR

STATE OF MARYLAND DED ADTMENT OF HEALTH AND MENTAL HYGIENES

		- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG.			
		CEASED NAME BERST	· ULAH	Anna	Li	E E	20. DATE OF DEATH	184	DAY YEAR	2b HOUR
	3. SE	× Female	1. RACE	3 lack	5. DATE C		6 AGE 4IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	HOURS
15 ode 0		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WH	A COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY	or COUNTY	OF DEATH	
1 House		Balt.	LULTE	202 14	ADDRESS)	DROTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Housewif	OF WORKING LIF		Home
of state be	130	AL RESIDENCE OF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION, GIV UNTY 13	E RESIDENCE BEFORE		138. INSIDE CITY LIMITS?	13e. STREET ADDRES	32012	(Hill	22:
exomine C		ATHER'S NAME FIRST  Henry	WIDOFE	Hobbs		15. MOTHER'S MAIDEN NA FIRST Unknown	WIDDLE			nown
e medicol		WAS DECEASED EVER IN U.S. A [YES, NO OR UNKNOWN]  NO.	GIVE WAR OR DATES)	20-05-6		Lassiter Mil			k # Av	
-		cours (a) -tet-es et	3		0	1	1 0			100
ny injury, ar other I	ATION	PART 2. OTHER SIGNIFICAN	T CONDITIONS CON	68h	DEATH BUT	Cus	INAL DISEASE OR CO		EN IN PART III	3/4
shows ony injury, ar other	ERTIFICATION	PART 2. OTHER SIGNIFICAN	T CONDITIONS CON	TRIBUTING TO I	DEATH BUT	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	S, WERE FINDIFYING CAUSES	NGS USED
d or Hem 18 shows ony injury, ar other I	MEDICAL CERTIFICATION	Underlying couse last.  PART 2. OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	T CONDITIONS CON  196 CONDITIO  196 CONDITIO  196 CONDITIO  196 CONDITIO  P.M.  216 PLACE OF	TRIBUTING TO I	OPERATION  AY YEAR  19	Cus	200 AUTOPSY?	20b. IF YES IN CERTIF YE	S, WERE FINDIFYING CAUSES	NGS USED OF DEATH
em 21 is marked or Hem 18 shows any injury, ar other i	MEDICAL CERTIFICATION	Underlying couse lost.  PART 2. OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CA	T CONDITIONS CON  19b. CONDITIO  19b	TRIBUTING TO I  DON FOR WHICH  NJURY  MONTH D  INJURY  FACTORY, OFFICE, F	OPERATION  AY YEAR  19  FARM. ETC.)	N WAS PERFORMED  216 HOW INJURY OCCUR  211 LOCATION STREET  214 LOCATION (NEET)  215 LOCATION (NEET)	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE STOWN	COUNTY	NGS USED OF DEATH NO
IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, ar other 1		Underlying couse last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E  4F EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a.1 certify that (1) (this has sow the deceased alive to the deceased alive	T CONDITIONS CON  19b. CONDITIO  19b	TRIBUTING TO I  DON FOR WHICH  NJURY  MONTH D  INJURY  FACTORY, OFFICE, F	OPERATION  AY YEAR  19  FARM. ETC.)	N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN CITY OR  4. to  deoth occurred on the	20b. IF YES IN CERTIF YE JURY IN ITEM 18. P	S, WERE FIND IN YING CAUSES S ART I OR PART 2)	NGS USED OF DEATH NO

DHMH - 16 50M 4/82 (VRA 15, 4)

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FOR DEPARTMENT OF HEAL

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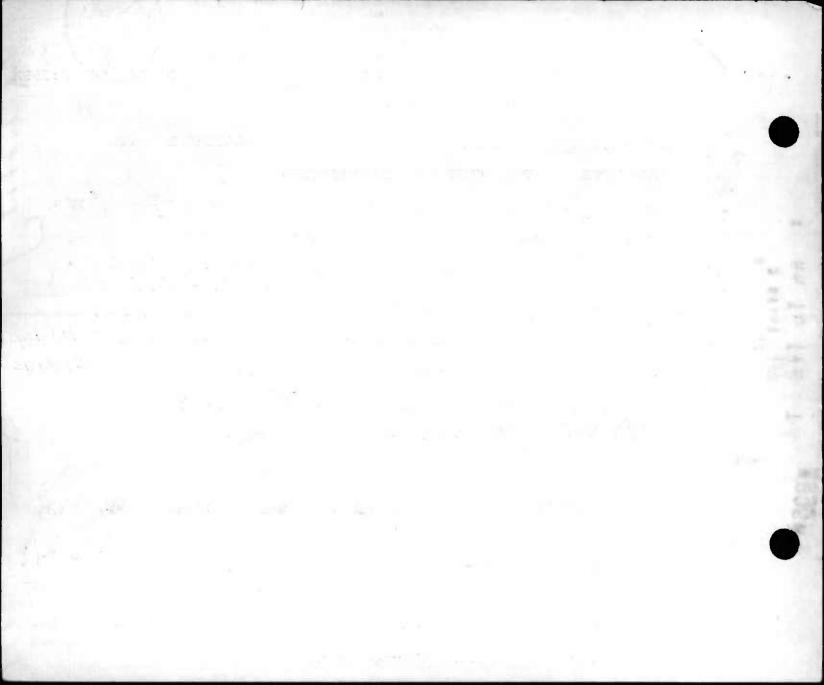
CERTIFICA

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

6.0	- 1

REGISTR	AR			CERTIF	ICATE OF DEATH	R	G. NO.			
I. DECEASED N	AME FIRST	,	MIDDLE		AST	2a DATE OF DEA	TH MONTH	OAY	YEAR	26 HOUR
(TITE OR PRINT)	BRYAL	1 (	CARL	LE	E		08	04	84	5:59RN
3. SEX		4 RACE		5 DATE O		& AGE (IN YEARS)	AST BIRTHDAY)	IF UI	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Ma.	le	White		111	27 1979	4	Υ	RS.		MIN.
a. BIRTHPLACE	( STATE OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY	/? 8	NEVER MARRIED	9 BALTIMORE	*******	JNTY OF	DEATH	
	ry, Marylan	U.S.	Α.	WIDOWE		BALTI	MORE	CII	Ϋ́	MD.
BALTI			HOSPITAL, NURS		HOSPITAL	12a USUAL OCC (TYPE OF WORK FOR			26 KIND C NDUSTRY	OF BUSINESS OR
Marylar			GIVE RESIDENCE BEFO 13c. CITY OR TO Hebro	WN	13d. INSIDE CITY LIMITS?	106 Brad	ley St	code		21830
Scot	RST A	organ	Lee		Patricia	Ğ			Ped	acher
160 WAS DECE	ASED EVER IN U.S. ARA	MED FORCES? (WAR ORDATES)	16b SOCIAL SEC	CURITY NO.	106 Bradley	Scott M.	Lee (Febron,	athe Md.	r) 21830	)
18 CAUS PART	E OF DEATH (Enter onl I. DEATH WAS CAUSE	y one couse per DBY:			SPIPATORY		5159		APPROX BETWEEN	ONSET AND DEATH
	IMMEDIAT	E CAUSE (o)			SPIRATURY	MAKE	2/			
Conditio	ons, if ony, which	DUE TO, O	R AS A CONSEO	UENCE OF	ING PULL	MARY V	ASCII	1111	~	10 day
gove r	ise to immediate	(p)—			, in a raci		77- 000	.0// /3		- 4
underly	(o), stoting the	DUE TO, OI	PROB	MBLE	E VIRAL	SEPSIS			C	21 days
	OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR	CONDITION	GIVEN I	N PARI 1	0
ō		BABL				EFICIEN				
SA STIE CATION	2 184		ITION FOR WHICE	_	N WAS PERFORMED	CNOSECT NO	INC	ERTIFYIN		NGS USED S OF DEATH?
21a ACC	DENT WAS UNDERLYING	21b. TIME O		0 010	1216 HOW INJURY OCC	URRED (FNIER NATURE)		YES [	OR PART 2)	NO 🗌
0.000.000	BUTING CAUSE OF DEA	HOUR A.	M. MONTH			OHNED TENTER INVOKE	or majori name	M IO TAKE	04.44.27	
	R NOTIFY MEDICAL EXAMINER	21e PLACE		19	21f LOCATION					
	NOT WHILE		REET, FACTORY OFFICE	E, FARM ETC )	STREET	CIT	ORTOWN		COUNTY	STATE
AT WORK	tify that (1) (this hospit	N = 4 = 4 = 4 = 4		2 1	36 840	व्य . ह	14	10	84	
sow	the deceased alive on.	8/4	19		d that in (my) (our) opinion	on death occurred on	me date on	d hour an	d from the	couses stated
22b. SIGN	ve, (l) (we) (did)(did not NATURE	) view the body	ofter deoth.	[	DEGREE				22c. DATE	SIGNED
$\mid \mid n \mid$	Unus	anda	_	1	MD ATTENDING PHYSICIAN		STAFF	1	8/	4/84
22d PHYS	SICIANISINAME (TYPE OF	LSSM	AN		1220 ADDRESS	COADWAY	BA	LTIM	OPE	21205
	REMATION, REMOVAL	236 DATE	236		EMETERY OR CREMATOR	Y 23d LOCATIO	7			
(SPECIFY)	Burial	8/8/84	S	oringhil	l Memory Ga		ron W			
24 FUNERAL D					25a. D	ATE REC'D. BY REGIS				
Hollov	vay Funeral	Home, F	P.A. Sal	isbury,	Maryland	AUG 9 19	104			

DHMH - 16 50M 4/83 (VRA 15, 4)



enteral director, page 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with

MPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar other traumatic event, the shauld be detached for use as the burial-transit permit. Then please remave carban pape: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

## STATE OF MARYLAND

	FOR STATE REGISTRAR			EALTH AND MENTAL HYG	IENE &	2 15	59	
ĺ	1. DECE ASED NAME FIRST	MIDDLE		AST		MONTH DAY	YEAR	76 HOUR
ı	(TYPE OR PRINT) CALVIN	U	LE	-		8 3	84	621 PM
	3. SEX Male	Black	S. DATE O		6. AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
1	7a. BIRTHPLACE (STATE OR FOREIGN COMINTRY) Virginia	76. CITIZEN OF WHAT O	14400155	D NEVER MARRIED D	BALTIMORECITYO		DEATH	MD
7	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	ION		F BUSINESS OR
	BALTIMORE	UNIVE	(100)	,	CONSTRUCTION	)	CONSTA	UCTION
	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COUN	NTY 13c. CIT	TY OR TOWN  ALTERNATE	13d. INSIDE CITY LIMITS? YES NO	501 W. F	ZIP CODE	n St.	21201
7	14 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		LAST	
1	JAMES	A	LEE	Flossie			ROG	
1			CIAL SECURITY NO.	17. INFORMANT	ADDRE	SS		
	ONKNOWN (IF YES, GIV	SIS STATES	-44-6517	Annie Clar	a McElvee	n 6 Jc	hnson	n St.
	18 CAUSE OF DEATH (Enter or	nly one cause per line for	(a) (b) and (c)					MATE INTERVAL
	PART I. DEATH WAS CAUSE	ED BY	DIOPULMON	PANY ARREST			-	MINUTES
	IMMEDIA			THE PROPERTY OF THE PARTY OF TH	The state of the s			Thornes.
	Conditions, if any, which		SPLRATORY	ARLEST			Im	HTMC
	gove rise to immediate			TTPECOT			1 -100	710.14
	couse (a), stating the underlying couse fast		CONSEQUENCE OF	hans cell as a	0.1200 05	LUNG	-	
ì	PART 2 OTHER SIGNIFICANT			NOUS CELL CAR			to I D a D T I .	
					INAL DISEASE OR CON	DITION GIVEN	IN PAKI 118	
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	NEECTION,	OR WHICH OPERATION	N WAS DEDECTIONED	20a AUTOPSY?	20b. IF YES, W	VERE FINDIN	IGS LISED
/	E IN DATE OF OFERATION	THE CONDITION I	OK WINCH OF EKATION	TO WASTERI ORMED		IN CERTIFYIN	G CAUSES	OF DEATH?
-	21g. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJUR	ov.	111. HOW INTERPROCEIUM	YES NO	YES [		NO []
1	OR COLUMN WILL COLUMN OF OR	110110 4 11 11	ONTH DAY YEAR	21c. HOW INJURY OCCURE	CED (ENTER NATURE OF INJU	RY IN ITEM IS PART	TORPART 2)	
١	UK ESTHER NOTIFY MEDICAL EXAMINES  21d. INJURY OCCURRED		19					
	21d. INJURY OCCURRED	(AT HOME, STREET, FACT	JRY TORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
Ì	AT WORK AT WORK							
	228.1 certify that (1) (this hasp saw the deceased alive an above, (1) (we) (did) (did no	813	19 84,00	nd that in (my) (our) opinion (	death occurred on the de	ate and haur ar		that (I) (we) last causes stated
	22h SIGNATURE			DEGREE		/	THE DATE S	1
	Scott !	2 Blean	MD	ATTENDING PHYSICIAN	MEDICAL STA	IAN D	8/3/	84
	226. PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e. ADDRESS				
	SCOTT BO	ERGER m	D	ONIV. OF M	TO HOSPITAL	BALT	IMORE!	wp 51501

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The la retained by the haspital ar attending physician

DHMH - 16 50M 4/83 (VRA 15, 4)

23h DATE 8/8/84 23a. BURIAL, CREMATION, REMOVAL BURIAL

231. NAME OF CEMETERY OR CREMATORY Mount Zion Cemeteryr

24 FUNERAL DIRECTOR

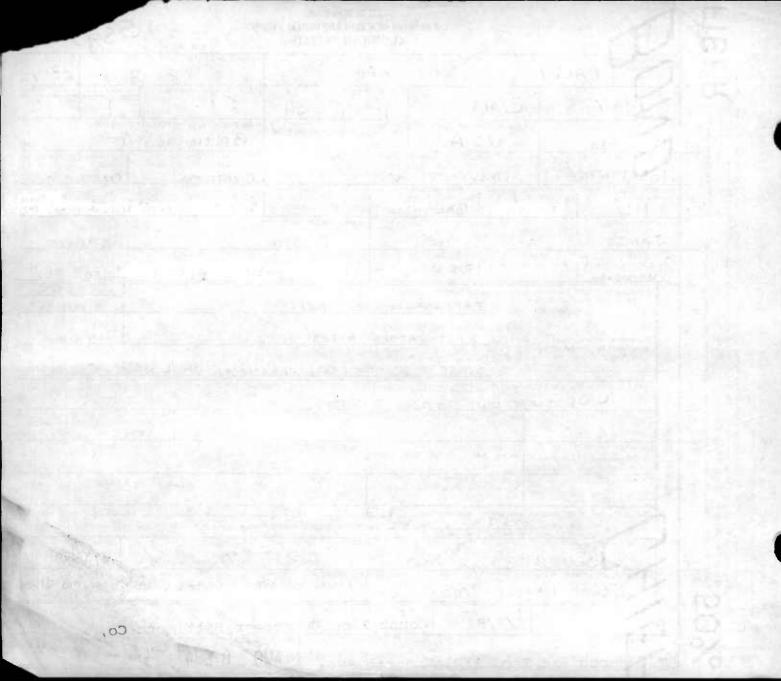
ADDRESS C March F/H Inc. 1101 E North Ave

ATORY 234 LOCATION
CHYOLOWN

Neteryr Baltimore Co Md

258. DATE REC'D. BY REGISTRAR 258, REGISTRAR'S SIGNATURE

O 1084 Lia Javidson Arabica



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, pagishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after dewith the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, the medical

IMPORTANT: If them 21 is marked or them 18 shows any

BP. DHMH - 16 50M 1/81 (VRA 15, 4) FOR STATE REGISTRAR

I. DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 41 CERTIFICATE OF DEATH

REG. NO.

20. DATE OF DEATH

		OR PRINT	WIDDLE	LAST		20. DATE OF DEATH MON	TH DAY YEA	AR 26 HOUR
	TITE	Clifton	ed B.	Lee	SR	AUG	20, 198	8x 5 (Am)
Ì	3. SE)		4 RACE	5. DATE OF BIRTH	DAY YEAR	6 AGE IN YEARS LAST BIRTHDA		YEAR IF UNDER 24
	/	7	W	Apr.	14, 1939	45	YRS	
-	7a BI	RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	MARRIED A	EVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH	H
100	10.01	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	WIDOWED	DIVORCED [	Bultimok	e 017	Ty MD.
	D	altimoree	(IF NOT IN SUCH FACILITY, GIVE STE	REET ADDRESS)	C .	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		TRY DIS ABLED
-	USUA	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BE	URICE!	24	MIERCHANI D	Commen	Ketireo
5	13a. S	136 COUI	I - 1/	OWN 13d IN	NO [	136 STREET ADDRESS C	seley.	5+ 21224
	14. FA	THER'S NAME FIRST	MIDDLE LAST		THER'S MAIDEN NAM	ME MIDDLE	1	LAST
1		BERT	Lee		4dA	NAOMI	Ge	TNER
			RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INF	ORMANT	ADDRESS	< 1.	1
		NO	×16-31	110/1/2	3 Loyce	NEE 136.	5 CURI	PROXIMATE INTERVAL
		PART I. DE ATH WAS CAUSE		lio respir	seton a	errest		VEEN ONSET AND DEATH
7		IMMEDIA	TE CAUSE (a)	OHENCE OF	)		,	
		Conditions, if any, which	DUE TO, OR AS A CONSEC	toes toutic	adeno a	archoma	(02/	3 months
	70	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF			0	C .(
		underlying cause lost.	(c) (c)					3 menting
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEDTH BUT NOT RE	LATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PAR	1 lia
-	ATIO	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS	PERFORMED	200 AUTOPSY?   201	b. IF YES, WERE FIN	NDINGS LISED
1	CERTIFICATION						CERTIFYING CAU	
	CER	210. ACCIDENT WAS UNDERLYING	110110 1 11 11011711	DAY YEAR 21c. H	OW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN I	ITEM 18 PART I OR PART	(2)
	CAL	OR CONTRIBUTING CAUSE OF DE	BIN .	19				
ì	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI		CATION STREET	CITY OR TOWN	COUNTY	STATE
d		AT WORK NOT WHILE		-/-			24	
ĺ		220.1 certify that (1) (this hasp saw the deceased alive on	ital) attended the deceased from	24	n (my) (our) equipon o	ta 8/20	17	, that (I) (we) last
			at) view the body at 1 death.	DEGREE		acom occurred on the dole o		ATE/SIGNED/
	17.	Distal (	& King	) H!	ATTENIONIC	MEDICAL STAFF DIRECTOR   PHYSICIAN	V	5/20/84
		22d. PHYSICIAN'S NAME LTYPE C	DE PRINTED		DDRESS	1.4 06 3	111	10
		Nictor K	. Risch M		50 N. WO	10/2 31 DE	ser mor	e 110
	_ [	URIAL, CREMATION, REMOVAL SPECIFY)	DIE DATE 2	NAME OF CEMETER	(1)	23d LOCATION	COUNTY	STATY
1	LR	CMATION MERAL DIRECTOR	8/22/84	CURITY V	ROCESSINO 250 DATE	REC'D. BY REGISTRAR 25	REGISTRAR'S SIGN	NATURE.
	0	SERN Y 2	243 3	5. CONKL	WE SLAU	0 0 4004	he Davidson	-Randell
1	1	7	7270	, Ceronia,	7 0	- U		

Children and the second second to the second Enths and I would be a series that he was a fact that Continued the state of the stat Baltimers - Carling St. Baltimers The wind of the second of the Start Triggle Tryet Kee I to be Englished 2- DA TOATED professions subsect many your more thanking but the young 0 Palatin of the Control of the Control City romatile to the boar on the Front !! commenced to the production of the second of

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2 1	-		

1 - SI	EGISTRAR			CERTIF	ICATE OF DEATH	REG	G. NO.		
1. DECEA	George	P	asadin sam	Le	AST C	20 DATE OF DEAT	3/	1984 1984	3 49 M
1. SEX	Yale 1	1 RACE Degs		S. DATE C	DAY YEAR	6 AGE WYEARS LA	YRS		IF UNDER 24 HRS. HOURS MIN.
1- 14	aryland	u	. S.	WIDOWE		9 BALTIMORE CI	1		MD.
T	saltimore	JE NOT IN SUC	H FACTOR GIVE STREET A	DORESS)	Gene ral Hospit		PATION OST OF WORDING	LIFE) INDUSTRY	OF BUSINESS OR
13a. 6T	aryland		Eaftme	V	YES NO	13. STREET ADDRES	SS / ZIP CO	ALL AUC	Balteman
H. FATH	George	WIDDIE	Lee		Lillan	MIDO		Wood	1
(YES.	DECEASED WER IN U.S. AR NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	218-10-	1727	Grace C. E	Britt 23	DRESS 17 Ar		zenue
9 cc U	conditions, if any, which lave rise to immediate ause (a), stating the inderlying couse lost.	DUE TO, OI	R AS A CONSEQUE	NCE OF		INAL DISEASE OR C	ONDITION (	GIVEN IN PART 1:	0
ETIFIC	DATE OF OPERATION			OPERATIO	N WAS PERFORMED	700 AUTOPSY?	INCER	YES, WERE FINDIN RTIFYING CAUSES YES []	NGS USED S OF DEATH? NO
MEDICAL	ACCIDENT WAS UNDERLYING     COUNTRIBUTING CAUSE OF DEA  LIFETHER, NOTIFY MEDICAL EXAMINES  WHILE NOT WHILE  AT WORK  AT WORK	HOUR A. P. 21e PLACE	M. MONTH DA M.	19	21c. HOW INJURY OCCURI		M JTI MI YRULMI	(COUNTY	STATE
220	a I certify that (I) (this hospi sow the deceased alive an above, (I) (we) (did) (did no b SIGNATURE	Houst	3/ 198	7	nd that in (my) (our) opinion DECREE ATTENDING		STAFF 1		that (I) (we) fast causes stated
23a. BUR	MICHAEL G	23b. DATE	74 D	AME OF C	EMETERY OR CREMATORY	23d LOCATION	treet	Dal.	time,

PORTANT: H IN

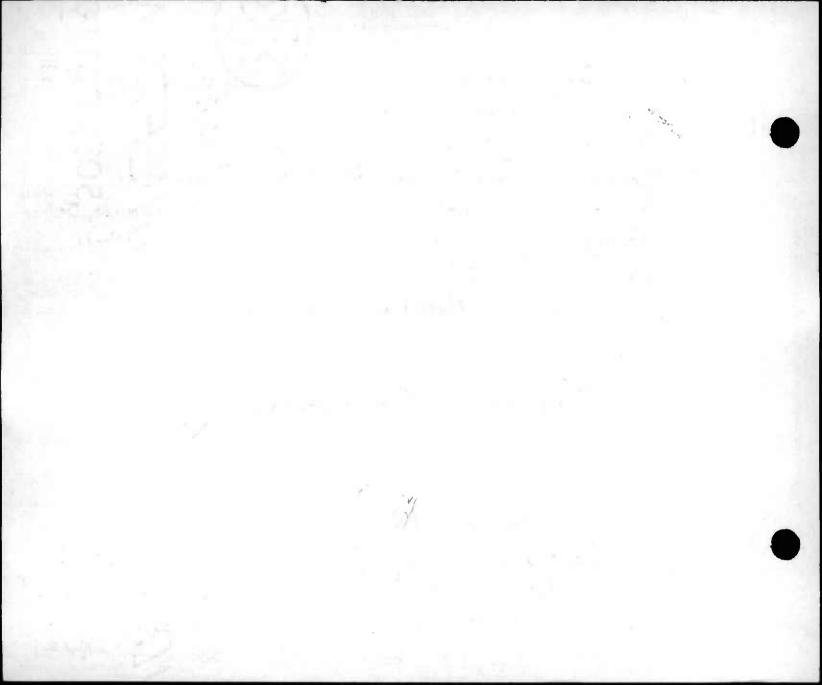
DHMH - 16 50M 4/83 (VRA 15, 4)

Md.

BURIAL 9/4/84 Garrison Forest VA Owings Mills, Md.

24 FUNERAL DIRECTOR

Wm C March F/H Inc. 1101 E North Avenue SEP 4 1984



# STATE OF MARYLAND

400	Property and Prope	
2	0	da
		51.40
6 40		

1	FOR STATE REGISTRAR	DEPART		EALTH AND MENICATE OF DEA		REG. NO	).		
	I. DECEASED NAME FIRST MELVI	N Arthur	LEID	NER		Tai Dille Oi Deilli	igust	- 1	26 HOUR 84 7:10a
	3. SEX Male	White	Sept		1930	6. AGE (IN YEARS LAST BIRT	YRS.	UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
	70 BIRTHPLACE ISTATE OF FOREIGN Baltimore, Md.		WIDOWE		RCED	Baltimore CITY OI	ore ci	ty,	MD.
	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET VA Medical Cena	ADDRESS)			12a USUAL OCCUPATION OF WAREHOUSE	WORKING LIFE)		ery
100	USUAL RESIDENCE (IF NURSING HOME CI 13a. STATE 13b. COU		e admission) In Ire			13e STREET ADDRESS	ZIP CODE	venu	e 21224
2 4	14. FATHER'S NAME  **Melvin A:	thug Leidne	r	15. MOTHER'S MA	a	MIDDLE		Wats	
	160 WAS DECEASED EVER IN U.S. A (YES. NO DE UNKNOWN) 1 1545 G	RMED FORCES? 166. SOCIAL SECTION 1959 213 26 6		17 INFORMANT	Balt F. S	imore, ADDRES Sanders-41	7 N.S	2122 Stree	4 per St.
	PART I. DEATH WAS CAUS	nly ane cause per line lar (a), (b), ar ED BY ITE CAUSE (o)	- /	Wilure				BETWEEN	CALLER CONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	ellifa	R CONCI	non	IA.		? nu	nthes
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CONE	DITION GIVEN	V IN PART 10	
	5 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	20a AUTOPSY?		WERE FINDIN	

216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 218 PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

NO 211 LOCATION CITY OR TOWN

and that in (m) (our) opinion death accurred on the date and have and from the causes stated saw the deceased olive on AUGUST 14 abavi N. (Le) (did) (Makasi view the body after death

12e ADDRESS

LINDA BARR M.D.

3900 Loch Raven Blvd. Balto Md 21218

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

23c NAME OF CEMETERY OR CREMATORY

STATE

Burial Aug. 17, 1984-Gardens of Faith

14 FUNERAL DIRECTOR John A. Moran, Inc. Funeral Homes DATE RE h Baltimore, Maryland
RECID. BY REGISTRAR PROPERTY PROPERTY AND ALVERTY PROPERTY PRO 3000 E.Baltimore St. Balto. Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR

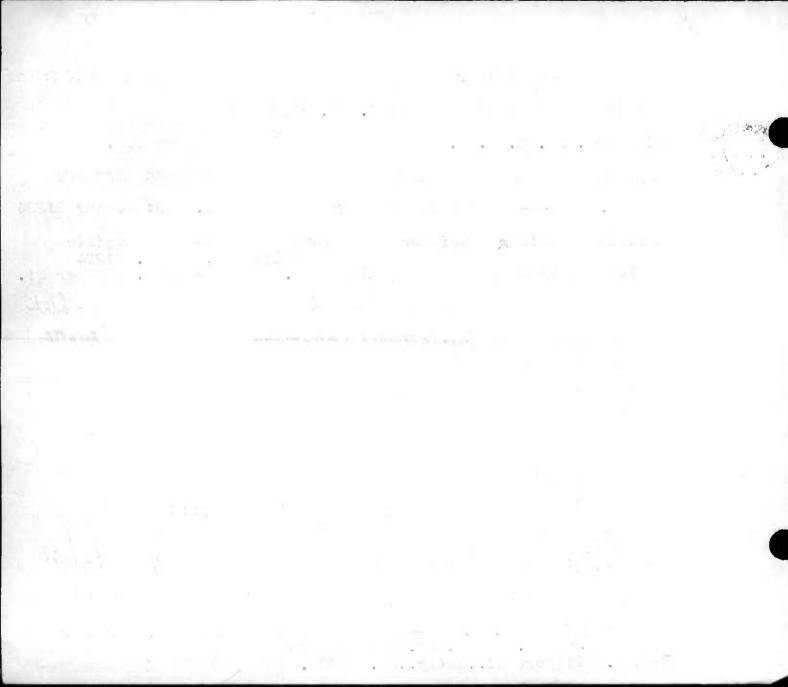
urial-transit permit. After this certificate has bee

orked or Item 18

MPORTANT: If hem 21 should be detach

CERTIFIC

MEDICAL



TO HOSPITAL OR ATTENDING PHYSICIAN: The law

etained by the haspital

mpletely filled in by the funeral director and 2 should be filed within 72 haurs of

### STATE OF MARYLAND

"	10	3	0
2	1	-	-

1-	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL HYG	REG. N	2   3	O	Q
	CEASED NAME	FIRST	MIDDLE	i	ASI	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
LIABE	CORPRINT)	arriott	Chester	Le	itch, Sr.	8-18-84			
3. SE	х	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		DERIYEAR	IF UNDER 24 HRS
	Male	Whi	te	7-10	0-99 DAY YEAR	85	YRS	DAYS	HOURS MIN.
70. BI	IRTHPLACE +STATE OR F COUNTRY)  Md .		OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIONORCED	Balto. C:		HTAS	M
10 cl	Balto.	11. NAME (IF NOT 2037	OF HOSPITAL, NURSIN IN SUCH FACILITY, GIVE STREET Belved	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF Ret. Butch	F WORKING LIFET IN	b. KIND O IDUSTRY	F BUSINESS OI
J 730. S	Md.	ING HOME OR OTHER INSTITU 136 COUNTY	131. CITY OR TOW Balto.		13d INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS . 2037 E. Be		Ave	21239
C	Charles	MIDDLE H.	Leitch		Vida	WIDDLE		ilds	ī
	WAS DECEASED EVER YES NO OR UNKNOWN)	IN U.S. ARMED FORCE			Marriott C.	Leitch, Jr.	509 Blo	omine	
	Conditions, if any, gove rise to imm couse (o), statin underlying couse  PART 2. OTHER SIGN	nediate ig the DUE To last.	O, OR AS A CONSEQUED SOME TO THE SOUTH OF TH		NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN	PART 110	,
CERTIFICATION	190 DATE OF OPERA	TION 196 CO	ONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NON	20b. IF YES, WER	RE FINDING CAUSES	IGS USED OF DEATH? NO IT
4	21a. ACCIDENT WAS UNCOR CONTRIBUTING C	CAUSE OF DEATH HOU	ME OF INJURY R A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR			OR PART 2)	- 0
MEDICAL	214 INJURY OCCURE	TAT HOM	ACE OF INJURY ME, STREET, FACTORY, OFFICE, I	FARM, ETC )	211 LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE
	sow the decease above, (I) (we) (c		the deceased from 19 body after death.		nd that in (my) (our) opinion	death accurred on the de		from the	
-	22b SIGNATURE	W. X			DEGREE  ATTENDING PHYSICIAN	MEDICAL STAI		8/2	1011
	William	H. Goldin	er, M.D.		5317 Belai	r Road - Ba	lto., Md	1. 21	206
23e B	BURIAL, CREMATION,	REMOVAL 236. DAT	E 23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or ather troumatic event, th TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detoched for use as the burial-transit permit. Then please remaye carban paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

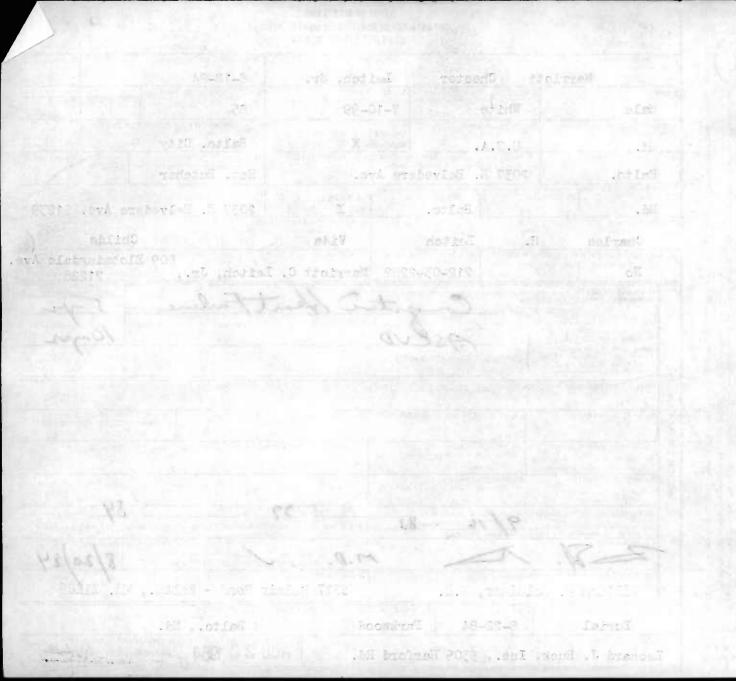
> 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc., 5305 Harford Rd.

Burial

8-22-84

Parkwood

Balto,, Md. 250 DATE REC'D. BY REGISTRARIZS BEGISTRAR'S SIGNATURE AUG 2 0 1984 Junia Davidson-Randare



completely filled in by the funeral direct I, and 2 should be filed within 72 hours

must be hardled of once.

MPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other traumatic event, the medical examiner

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coi should be detached for use as the buriol-transit permit. Then please remove corbon-papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

DHMH - 16 50M 4/83 (VRA 15, 4) FOR STATE REGISTRAR STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

			IRST	1	AIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(TYPE	JUS	TIN	AU	BREY	LENI	DERMAN			8	17 84	11:00Pm
	3. SE)	(	1	RACE		5. DATE C			6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YE	
		Male		White	2	Aug.		3	71	YRS.		YS HOURS MIN.
		RTHPLACE (STATE OR FORE	IGN 7		WHAT COUNTRY?	B			9. BALTIMORE CITY			
64		TN		U	SA	WIDOWE	DIVORO	ED 🗍	Baltimo	ore C	ity	MD.
2	10 CI	TY OR TOWN OF DEATH Baltimore	- 1	(IF NOT IN SUC	H FACILITY, GIVE STREET	NG HOME C	vland 212	ION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Engineer	OF WORKING	LIFE) INDUSTE	O OF BUSINESS OR
5	USUA 13u. S	AL RESIDENCE (IF NURSING		OTHER INSTITUTION.		E ADMISSION)	13d INSIDE CITY LI		13e STREET ADDRESS 5636 Wo			
-	14. FA	THER'S NAME			72		15. MOTHER'S MA		E			
		Joseph	D <sup>°</sup>	NIDDLE L.E.	nderman	1	FIRST	illiar	MIDDLE		(Unkr	nown)
-		VAS DECEASED EVER IN			166. SOCIAL SECU		17. INFORMANT		ADDF	ESS	( - 1 - 1	
	0	YES, NO OR UNKNOWN) (1	WWW	WAR OR DATES)	263 07	3248	Mrs.	Irma	C. Lend	erma	an,	Same
		IL CAUSE OF DEATH	Enter onl	v one couse per	line for (a), (b), or	nd (c).)					APPR	OXIMATE INTERVAL EN ONSET AND DEATH
		PART I. DE ATH WAS	CAUSED	BY- CAUSE (a)			CHTORY	AL	REST			
		UV	MEDIA		R AS A CONSEQU				,		\	
		Canditions, if any, w	hich	(b)	HEP	ATIC	CARO	INOI	MA (PRII	MARY		
		gave rise to immed cause (a), stating	liate	DUE TO O	R AS A CONSEOU							
		underlying cause		(6)	K AS A CONSEGO	ENCEOF						
		PART 2 OTHER SIGNIFI	ICANT C		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO 1	HE TERMIN	NAL DISEASE OR CON	ADITION G	IVEN IN PART	lio
	N O											
1	CERTIFICAT	190 DATE OF OPERATIO	N	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?		ES, WERE FIN	DINGS USED SES OF DEATH?
	TIFI								YES NO		YES X	NO [
	CER	210, ACCIDENT WAS UNDERE		216. TIME O	FINJURY M. MONTH D	AV YEAD	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART 2	2)
	AL	OR CONTRIBUTING CAU				19						
	MEDICAL	214 INJURY OCCURRED	)	21e. PLACE			211 LOCATION		CITY OR T	OWN	COUNTY	STATE
	¥	WHILE NOT WHILE AT WORK		(AT HOME, STR	EET, FACTORY, OFFICE,	FARM, ETC.)	SINCE					
		22a.1 certify that X() (th		o)), attended the	e deceosed from_	June 2		84	to_August		. 1984	. thatXJ) (we) last
						4, or	nd that in XXy) (our)	opinion di	eath occurred on the	date and he	our and from t	the couses stated
		above, VI) (we) (did)	100	A Mew me body	O o I	11	DEGREE				22c DA	ATE SIGNED
		KAN	Pro a	us /1.	Polch		MA ATTEN	DING	MEDICAL STA	CIANNI	1 8	8/19/14
		224 PHYSICIAN'S NAME	E (TYPE OR	RINT)	1000		22e ADDRESS			264		7 ( - ) 0 )
		R.J.	1 E	LEHA-	T MD		VAMC, B	altim	ore, Mary1	and 2	21218	
	23u. B	BURIAL, CREMATION, REA	MOVAL				EMETERY OR CREM		23d. LOCATION			
	(	Cremation	1	8/20,			Mount		Balto.	,	COUNTY	MD STATE
	24. FL	JNERAL DIRECTOR HE	nry	W. Je	nkins &	Sons	Co.	25e. DATE	REC'D. BY REGISTRA	R 256 REGI	STRAR'S SIGN	ATURE CONTRACTOR
		905 York R			ADDRESS MD			J.	AND A U B	# d"	ma powie	my Montrage
			-									

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	2 0 4
2	P. DECEASED NAME (TYPE OR PRINT)  Ben)	DENJAMIN	LEON	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	3. SEX	1 RACE Caucasian	S. DATE OF BIRTH  MONTH DAY YEAR  3 22 15	6. AGE (IN YEARS LAST BIRTHDAY)  67  YRS.	IF UNDER FYEAR IF UNDER 24
38	70 BIRTHPLACE (STATE OR FOREIG	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 Battimore (	city
38	BATIMORE	MINOT IN SUCH FACILITY, GIVE STREET ON INCRESTRY ST	MARY and HOSPITA	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI MAINTAINENCE	CITY OF BA
d Ser must b	MARY and 13	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE COUNTY  AXXXXXXXXX  Balton	VN 134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	Ave : 21224
examin	14. FATHER'S NAME FRST  XXXXXX ISA		DERA	MIDDLE	Markowit
e medico	YES WW	I - ARMY XXXXX	XXXX 2335 EASTER	MRS. MARGARETS LEC N AVE. BALTO., M	and the same of th
r troumotic event		le /	JENCE OF ARTERY Dis	ease	
5 any injury, or oth	PART 2 OTHER SIGNIFIC  190. DATE OF OFERATION  7 31 6 3  210. ACCIDENT WAS UNDERLYRE	ant conditions contributing to	DEATH BUT NOT RELATED TO THE TER HOPERATION WAS PERFORMED HRERY DISCOSE	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH ES
ed or Item 18 st	OR CONTRIBUTING CAUSE  (IF EITHER, NOTIFY MEDICAL EX.  21d. INJURY OCCURRED  WHILE NOT WHILE I	DE DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF PUJURY IN LIEM IS)  CLTY OR TOWN	PART 1 OR PART 2}  COUNTY STA
If Hem 21 is mork	27a. I certify that (I) (this saw the deceased ali	hospital) attended the deceased fram, ye an 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE	n death accurred and the date and ho	224 DATE SIGNED
IMPORTANT: IF	224 PHYSICIANS NAME	GAME/ mo	ATTENDING PHYSICIAN  220 ADDRESS,  UNIVERS  NAME OF CEMETERY OR CREMATOR:	ty of MARY	and Hosp
_	(SPECET) BURIAL	AUG.5,1984 B	ETH YEHUDA ANSHE I	CURLAND ABALTIMORI	
4/83	6010 REISTERS	LEVINSON & BROS. TOWN RD. BALTO.		ATÉ REC'D. BY REGISTRAR 256. REGIS	wandson-Randel

BALTO, MD

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician njury, ar ather trau

# STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		G. NO.	2)	-	٠,	
LEY	20 DATE OF DEA	TH MONTH	25	S4	26 HOU	D <sub>A</sub>
5. DATE OF BIRTH	6 AGE IN YEARS L	AST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
MONTH DAY YEAR		-11	MONTHS	DAYS	HOURS 1	MIN.

	REGISTRAR		CERTIFICATE	/ VEAIII	REG. NO	t.		
	CEASED NAME FIRST	MIDDLE	1 EV	1	2a DATE OF DEATH	ONTH DAY YEAR	26 HOUR	
3. SE	3/LV	4 RACE	5. DATE OF BIRTH	- 16	AGE LIN YEARS LAST BIRTH	HDAY) IF UNDER I YE	AR IF UNDER 24 HRS	
J. J.	Femile	white	MONTH D.	AY /YEAR	74	YRS.		
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIED NE	/ER MARRIED 9	BALTIMORE CITY OR	COUNTY OF DEATH		
	RUSSIA	WIDOWED DIVORCED			Baltimore City MD.			
10. C	Baltmore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			126 USUAL OCCUPATION (TYPE OF OUR SENSE OF STREET OF OUR SENSESS OF STREET OF OUR SENSESS OUR SENSESS OF OUR SENSESS			
USU/ 130 S	AL RESIDENCE (IF NURSING) ONE OF STATE	1- 2-20 10 11			30 STREET ADDRESS	ZIP CODE	#21133	
MORRIS MIDDLE GURALN				HER'S MAIDEN NAME ANNA	WIDDLE	F	ELDMAN	
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GN	MED FORCES? 166 SOCIAL SEC 2 16-3	URITYMO. 17 INFO 2-6319 39	RMANTMAS. /E	DENTA LEV	NOALL TOWN	x. MO 2113	
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a).  CONTOLOR.  OFFEST					BETWE	POXIMATE INTERVAL EN ONSET AND DEATH	
	Conditions, if ony, which gove rise to immediate cause lat, stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF METISTASES WIRESTEAD  DUE TO, OR AS A CONSEQUENCE OF METISTASES WIRESTEAD  DUE TO, OR AS A CONSEQUENCE OF							
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
CERTIFICATION	190, DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY?  YES NOW IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NOW			
	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA			W INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM IS PART I OR PART	2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC)	ATION	CITY OR IOW	VN (OUNTY	STATE	
	22e 1 certify that (1) (this hospital) attended the deceased from Aug 10, 1989, to Aug 25, 1989, that (1) (we) last saw the deceased alive an Aug 25, 1989, and that in (my) (our) opinion death occurred on the date and have and Iram the causes stated above, (1) (we) (did) (did not) view the body after death.							
	226. SIGNATURE	eman_	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF	181	25/84	
	226 PHYSICIAN'S NAME (TYPE C	OR PRINT)	72e ADI		1			

Rhonda Zuckerman

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

COUNTY

STATE

BURIAL 8-26-84 MIKRO KODESH-BETH ISRAEL BALTIMORE M
RAL DIRECTOR SUL LEVINSON & BROS., INC. | 1250. DATE REC'D. BY REGISTRAR' 1256. REGISTRAR'S SIGNATURE
6010 REISTERSTOWN RD., BALTO., MD 21215 AUG 3 0 DHMH - 16 50M 4/B3

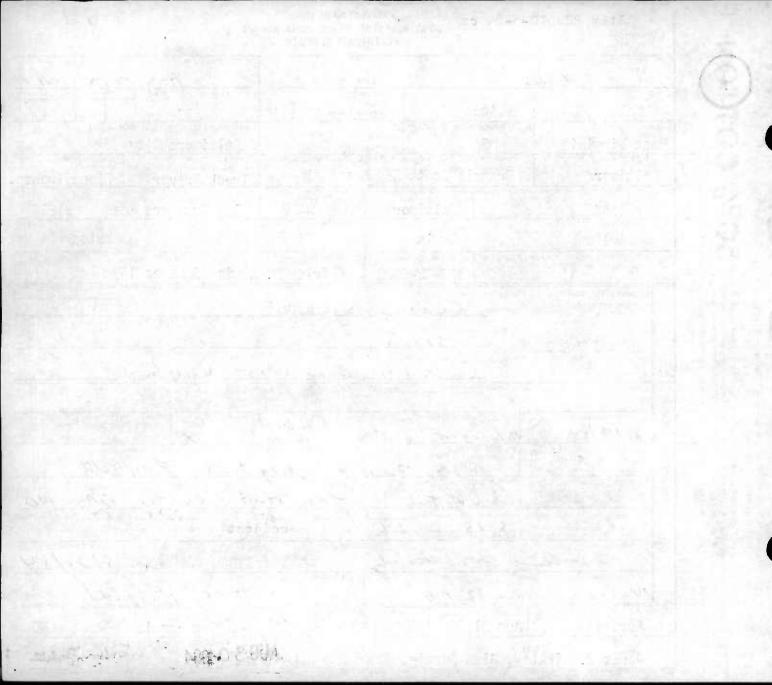
(VRA 15, 4)

shauld be detached far us with the State Dept. of He MPORTANT: If Hem 21 is



,	١-	FOR Item 22a 1 STATE REGISTRAR	0-5-84 cn	DEPARTM	NENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	DENE 41 2	1 3 6	) (
/ 11	DEC	EASED NAME FIRST	MIDDL	LE		ASI	REG. NO.	1 DAY YEA	AR 26 HOUR
X	TYPE	E U	11/		2	euis	AL	4 28 19	
3.	SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 Y	EAR IF UNDER 24 H
10		Male	White		Nove	ember 19, 1950	33	rrs	AYS HOURS M
C.	. 0	THPLACE (SLATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY?	9	NEVER MARRIED	9 BALTIMORE CITY OR CO		н
		st Virginia Y OR TOWN OF DEATH	USA	DITAL NUIDCING	WIDOWE	DIVORCED DIVORCED	Baltimore C		
21	В	altimore	Francis	Scott	Key I	Hospital	Truck Driver	ING LIFE) INDUS	of Business try eet Trar
13	a. Si	aryland /	INTY	CITY OR TOWN Baltimo	ore	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 124 Sycamor	e Road	21226
0	FA:	Arlie	MIDDLE	Lewis		IS MOTHER'S MAIDEN NA Eileen		Ya	tes
160		AS DECEASED EVER IN U.S. A S NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES!	32-82-6		Shirlev D.	Lewis, SAme a	s 13	
i de	1	18 CAUSE OF DEATH (Enter of	inly ane cause per line		l (c)				PROXIMATE INTERVA
njury, or omer n		gove rise to immediate couse (a), stofting the underlying couse last		10 Total	foh.		H314 Legral S	N GIVEN IN PAR	î Îra
CERTIFICATION		90 DATE OF OPERATION 8/17/84	196 CONDITION	FOR WHICH	operation whalf	N WAS PERFORMED UNIN	200 AUTOPSY? 20b.	IF YES, WERE FIN ERTIFYING CAU	NDINGS USED ISES OF DEATH?
		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING A CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M.	JURY / MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	1 . 1	MIS PART I OR PART	121
MEDICAL		21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, F	NJURY FACTORY, OFFICE, FA	RM, ETC )	211 LOCATION STREET TAKE ST	ned CURT	COUNTY	Ay M
S I S		220.1 certify that (I) (this hosp sow the deceased alive a above, (I) (we) (did) (did n	4	ceosed Iram_	84. on	117 19 8	7, to 6/2 days during on the date on	19 89	, that (I) (we the causes state
		226. SIGNATURE  MATT	) m	?orko		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	01	28/8
APORTA		22d PHYSICIAN'S NAME (TYPE Nathua M	oskou.tz	mg		Francis S	coff key Ho	oca-ta	1
230	o. Bt	PRIAL, CREMATION, REMOVA Burial	Aug 31,8			emetery or crematory aven Memorial		ie °°ÄÄ	Mt
24		James S. Kirk	ley, Glen	Burnie,	, MD	25a. DAT	G 3 0 1984	GISTRAR'S SIGI	MATURE Mandal

STATE OF MARYLAND



oth. Page 4 may be

completely filled in by the funeral directed is 1 and 2 should be filed within 72 hours

njury, or other troumotic event, the

MPORTANT: If Item 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR	T.	TATE OF MARYLAND OF HEALTH AND MENTAL HY	GIENE 44	2 1 5 6	) ()
1.	STATE REGISTRAR		TIFICATE OF DEATH	REG. N	O	
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
ITYPE	Mildred	Louise	Lewis		8-3-84	5:250
3 SE	X 4.5		TE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEAR MONTHS DAYS	
1	Female	Cau.	S- 24-29	54	YRS.	S HOURS MIN.
	IRTHPLACE   STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8.	RRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
	W.Va.	U.S.A. wide	OWED DIVORCED	Bultim	one City	M
10. C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOM  IF NOT INSUCH PACILITY GIVE STREET ADDRESS		12a USUAL OCCUPATI		OF BUSINESS O
B	altimore /S	outh Bultimore	General Hosp	Retire		
	AL RESIDENCE (IF NURSING HOME OF OTH	ER INSTITUTION GIVE RESIDENCE BEFORE ADMISSI 13C CITY OR TOWN	ON) 134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	
	ALC: ALC: AL	andel Pasadena V	YES NO	218 11th	St 2116	12
14_F/	ATHER'S NAME		15. MOTHER'S MAIDEN NA			
	Lee Owen	Nicely	Stella	WIDDLE	Fleshin	rain
	WAS DECEASED EVER IN U.S. ARMEI	AR OR DATES	De De	onald R. Len	Beach Rd.	24122
t	YES, NO DR UNKNOWN!   IF YES, GIVE WA	217-34-8819	1 Chart	224 Marathy	Deach Na.	21122
		ine couse per line for (a), (b), and (c).)			APPRO	DXIMATE INTERVAL N ONSET AND DEATH
	PART I. DEATH WAS CAUSED B	Y: Dana mutan	y Failure			
	MMEDIATE	DUE TO, OR AS A CONSEQUENCE C				
	Conditions, if any, which	Flail Che				
	gove rise to immediate	(8)				
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE C	ic Disease			
	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART	lia
CERTIFICATION	Poorly Differe	intiated Adeno	carcinoma L	unc		
1 A	196 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERA	ATION WAS PERFORMED	200 OUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE	
Ě				YES NO	YES	NO [
1 8	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YE	AR 19			
DICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OF IO	OUNIY	STATE

DEGREE

DIRECTOR PHYSICIAN

22c. DATE SIGNED

22e ADDRESS

230 BURIAL, CREMATION, REA (SPECIFY) TOMBINE TO 24 FUNERAL DIRECTOR

NOT WHILE

23b. DATE 8-6-84

(nest (emeterty

DHMH - 16 50M 4/83 (VRA 15, 4)

OR ATTENDING

Cully Funeral Home 3204 Mountain Rd. 21122

AUG

REGISTRAR 255 REGISTRAR'S SIGNATURE dage 8 1984

AND RESIDENCE TO THE RESIDENCE TO SHOW the Samuel of the second of th NO subsection of the least of the State of t Taland I am a series of the se All and the state of the state The second of th

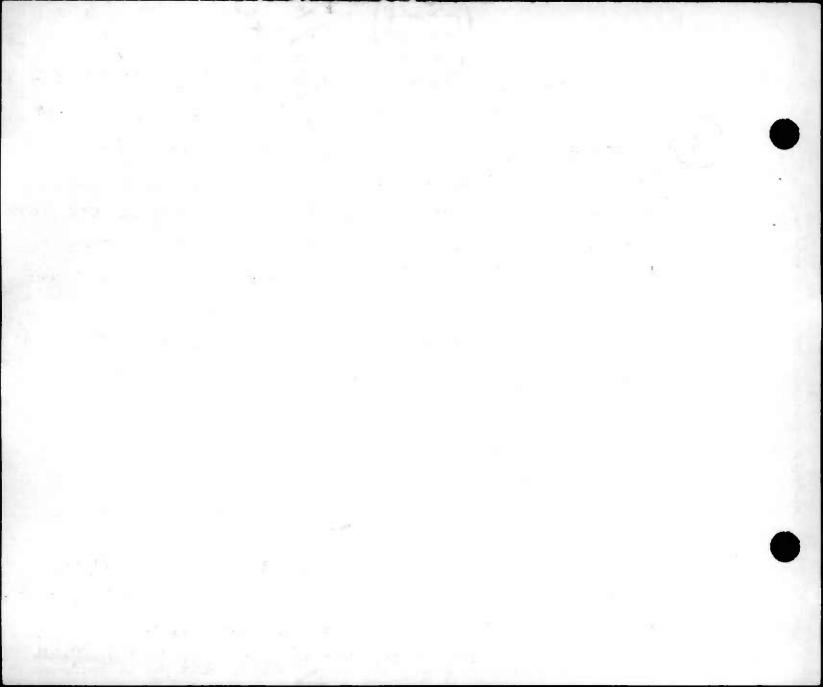
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEPART		ALTH AND MENTAL HYGI CATE OF DEATH	REG. NO		
	CEASED NAME (FIRST	MATTHER	v L	ZW15			54 839
3. SE	M	1. RACE	5. DATE OF	BIRTH DAY P 24	6 AGE (IN YEARS LAST BIRT	YRS.	DAYS HOURS MIN.
$()_{\mathbb{N}}$	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Carolina  ITY OR TOWN OF DEATH	The CITIZEN OF WHAT COUNTRY?  U.S.A.  11. NAME OF HOSPITAL, NURSH	MARRIED WIDOWED		BALTIMORE CITY OF	o. CiT	M M
U	BALTO,	1217 Aryqle	Avenu		(TYPE OF WORK FOR MOST OF		JSTRY
13o. M	STATE 136 COUN aryland ATHER'S NAME		more	13d INSIDE CITY LIMITS? YES X NO   15. MOTHER'S MAIDEN NAM		RQV/E	AVE 212
0		Lewis MED FORCES? 166. SOCIAL SECTION		Willie 17. INFORMANT	Mae ADDRE		rowne
/	(YES NO OR UNKNOWN) (IF YES, GIVE YES	WAR OR DATES)	-6543	Martha Lew	is 779 W.		Ja Street
ATION	couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO.  19a DATE OF OPERATION	DUE TO, OR AS A CONSEOU  (c)  ONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH	DEATH BUT N				ART Ira
2 9				WAS PERFORMED	200 AUTOPSY?		FINDINGS USED AUSES OF DEATH?
AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT			21¢ HOW INJURY OCCURR	YES NO	IN CERTIFYING CA	AUSES OF DEATH?
MEDICAL CERTIFIC		TH HOUR A.M. MONTH D	19	216 HOW INJURY OCCURR	YES NO NO NOTION NO TO THE PROPERTY NO THE PROPE	IN CERTIFYING C. YES   YES   YIN ITEM 18 PART FOR P.  VN COU	AUSES OF DEATH? NO
400	OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE	HOUR A.M. MONTH D. P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, tol) ottended the decreased from \$/29 / 84 19	19 FARM ETC ) 8/2	216 HOW INJURY OCCURR 216 LOCATION STREET  2 that in (awy) (our) opinion of	YES NO CITY OF TOUR CITY OF TOUR CITY OF TOUR COURTED On the do	IN CERTIFYING CYES  YES  VN ITEM 18 PART LORP  VN COULT  te and hour and lice	AUSES OF DEATH? NO
401	OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE NOT WHILE AT WORK NOT WHILE 22a. I certify that (1) (this hospit sow the deceased alive on obove, the level (did) (duction on obove).	HOUR A.M. MONTH D. P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, tol) oftended the degreesed from 229 19 19 19 19 19 19 19 19 19 19 19 19 19	19 FARM ETC ) 8/2	216 HOW INJURY OCCURR 216 LOCATION STREET  19 4 that in (aw) (our) opinion of	YES NO CITY OF TO YES A TO SEED (ENTER NATURE OF INJURE	IN CERTIFYING CYES  YES  VN COUI  19  VN COUI	AUSES OF DEATH?  NO

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

retained by the haspital ar ottending physician.



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	DIAIL	JI MAK	ILAND	
DEPARTMENT	OF HEA	LTH AN	D MENTAL	HYGIENE
CE	RTIFIC	ATE O	F DEATH	

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2	- 1	-	1	6.3
15	1	100	6	-
5110				

1 - STATE REGISTRAR	DL! A	CERTIFICATE OF DEATH	REG. NO	).
1. DECEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
(TYPE OR PRINT) Dot	ti C.	Liberles		8 2 84
3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	
Female	White	MONTH DAY YEAR 6 14 14	70	MONTHS DAYS HOURS MIN.
76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNT USA	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City o	City MD
Baltimore		RSING HOME OR OTHER INSTITUTION REET ADDRESS! Parkway 2121]	120 USUAL OCCUPATION OF THE COLUMN AST OF THE CO	F WORKING LIFE   INDUSTRY
USUAL RESIDENCE (# NURSING HOM 130. STATE 136 CC Maryland			13e.STREET ADDRESS / 505 W. Uni	ZIP CODE Liversity Pkwy 21211
14 FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN		Eisenberg
Gilbert		erles Esther		
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)		Bohanan 907 1	ryson St. 21201
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(0)			
	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE I	ERMINAL DISEASE OR CONI	DITION GIVEN IN PART TIO
I 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	IICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
OR CONTROLUTION CALLET OF	DEATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJUI	ty in Item (8 Part 1 Or Part 2)
VECONINGUING CASE OF C	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC.)	CITY OR TO	WN COUNTY STATE
saw the deceased alive	ospital) attended the deceased from July 25 and the deceased from 1 and 1 view the bady after death.		ion death occurred on the do	23, 1984, that (1) (we) lost of ond hour and from the causes stated
226 SIGNATURE MISABELLE	mac grego	DEGREE  M.D ATTENDIN PHYSICIA	G MEDICAL STAI	
728 PHYSICIAN'S NAME (TO	F MAR COE.	P 11 F C HA	CF ST. RAIT	IMORF MAZIZDA

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral should be detached far use as the buriol-transit permit. Then please remove corbangapers. Pages 1 and 2 should be filled within 72 with the State Dept of Health and Mental Hygiene prior to burial, crematian, or removal. BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

njury, ar other troumotic event, th

IMPORTANT: If them 21 is marked or Item 18 shaws any

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION Baltimore

COUNTY Maryland

238. BURIAL, CREMATION, REMOVAL 8/3/84 Green Mount Cemetery Cremation 24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

A. Alan Seitz, Jr. 3818 Roland Ave. 21211

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		het di	
107 Alk mark become		STEEDING TEE	
		- UBAH - PM	

And to the last of the last of

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of

retained by the hospital or attending physician.

STATE	OF	MARYLAND	
SIMIL	VI	MINITERINA	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

O 1		7	
6-	-)	1	
O NO			

1-	STATE REGISTRAR				CERTII	FICATE OF DEATH	REG.	NO.		H	
	CEASED NAME	FIRST	^	AIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
1	RENIAMI	A)			LIGHTE	SURN		8	25	84	8:53AM
3. SE			RACE		5 DATE	OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTH:	ER I YEAR	IF UNDER 24 HRS
	male		b1	ack	2	22 13	71	YR:	1	JA13	NOOKS   MIKE.
	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF		TRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY			EATH	FEET STATE
S	Carolin	2	II S	Δ	WIDOW		Baltimo	ore (	City		MD.
10. CI	TY OR TOWN OF DEA	TH 1			JRSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	121		OF BUSINESS OR
R	altim ore		John	H FACILITY, GIVE	h.	D LYNHER	(TYPE OF WORK FOR MOS	T OF WORKIN	G LIFE) IN	DUSTRY	
USU	AL RESIDENCE (# NURS	ING HOME OR OT	HER INSTITUTION,	GIVE RESIDENCE	BEFORE ADMISSION		L. expert Loopes				0 11 -
1.30	aryland	136 COUNT		13c. CITY OR	imore	YES NO	2577 W			0.4	01000
	THER'S NAME			Dair	Imore	15. MOTHER'S MAIDEN NA		Faye	2116	St	71773
	FIRST	M II	DOLE	LASI		FIRST	MIDDLE			LAS	ST
Ián V	Paul  VAS DECEASED EVER	INITIS A PAAT	D FORCES?		tburn SECURITY NO.	Mary 17 INFORMANT	Jane	RESS		10	hnson
(	YES, NO OR UNKNOWN)	(IF YES, GIVE V							-	b	
	NO					4A Margaret	Hunt 25	// W.	. Fa		
	18 CAUSE OF DEATH PART I. DEATH W	H (Enter only	one couse per						-	BETWEEN	ONSET AND DEATH
		IMMEDIATE		KEST	PIRATOR	RY ARREST			/	FEW	MINUTES
			DUE TO, OF	R AS A CONS	EOUENCE OF				100		
	Conditions, if any,		(b)					13.8			
	gave rise to imm		DUE TO OF	AS A CONS	EOUENCE OF						
	underlying couse		(c)	NAS A CONS	LOOLINGE OF						
	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	T NOT RELATED TO THE TER/	AIN AL DISEASE OR CO	NDITION	GIVEN IN	PART II	0
O	SENILE D	EMENT	-IA . OB.	STRUCTI	VE PUL	MUNARY DISEA	SE DINBET	TES /	HELL.	TUS	
CERTIFICATION	190 DATE OF OPERAT					ON WAS PERFORMED	700 AUTOPSY?				NGS USED
IFIC	M. P. ST.						YES TO NOT		YES [	CAUSES	NO []
ERI	21a. ACCIDENT WAS UNE	DERLYING	21b. TIME O	FINJURY		21c HOW INJURY OCCUP		_		RPART 2)	
AL C	OR CONTRIBUTING				DAY YEAR						
MEDICAL	(IF EITHER, NOTIFY MEDIC		21e PLACE (		19	21f. LOCATION					
ME	WHILE NOT WH				FFICE, FARM, ETC )	STREET	CITA OB	TOWN	C	OUNTY	STATE
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	22a.1 certify that		- /			19	, to		19		that (we) last
	sow the decease obove, (1) (100)	d olive on		olter deoth.	,19, 0	and that in (my) (and opinion	death occurred on the	date and l			
	226 SIGNATURE	-				DEGREE	Armicu		1	2. DATE	SIGNED
	wal	-J	als	Mo		ATTENDING PHYSICIAN	MEDICAL ST	KIAN [		9/2	5/84
	224 PHYSICIAN'S NA					22e ADDRESS 30/	MARYDEL	LPEL	)		
	WALTE	ER U	1. AL	T, M.	0	BALT	-IMORE,	NO 2	2122	9	
23e F	BURIAL CREMATION,		23b. DATE	1		CEMETERY OR CREMATORY	23d LOCATION				
. (	BURIAL		8/30	/84		Auburn Cem.	Baltin	nore	cou	NIA	Mã.
	JNERAL DIRECTOR						TE REC'D. BY REGISTRA			SIGNAT	
	n C March	E/U	Inc	1 1 0 1 ADDI	F Name						-Randell
VVI	n o march	F/II	Inc.	TIOI	P MOLE	n Avenue A	UG 2 7 1984	11	and harde	4.000	1

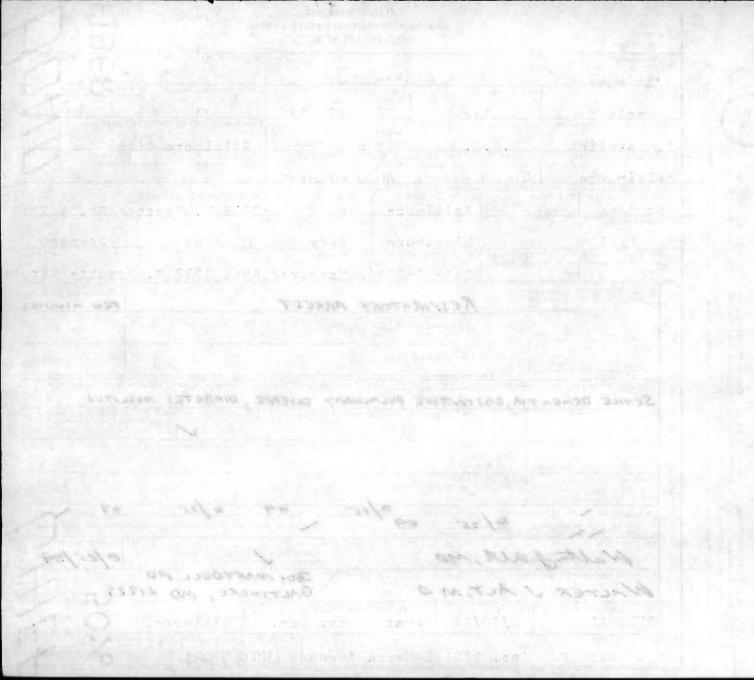
DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fishould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removur.

[MPORTANT: If Hem 2] is marked or Item 18 shows any injury, or other traumatic event, the medical examples to the contract of the c



es that the death certificate be

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital or attending physician.

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	- State	.)	1	E.

		STATE REGISTRAR				CERTIF	ICATE OF DEATH	0	REG. NO			
1		CEASED NAME OR PRINT)	Tyler		AIDDLE	L:	iles	20. DATE O	OF DEATH	F 25	5, 7984	26 HOUR AM
1	3. SE>	1000	4.	RACE L 1	- 1	5. DATE C	DAY YEAR		YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
9	N.		n a	U.S.		MARRIE		Bal	ore city of	e Ci	ty.	MD.
	Ва	AL RESIDENCE (IF NUR		Fores	t Have	n Nur	sing Home		L OCCUPATION OF FOR MOST OF			OF BUSINESS OR
5	13a. S	MD	BOUNT	it	Catons	ÿÿille	13d. INSIDE CITY LIMITS? YES NO		Ingle	eside	Ave.	21228
2	)	Sam VAS DECEASED EVER		DDLE ED FORCES?	Liles 166 SOCIAL SEC	CLIBITY NO	Berth		ADDRE:	SS	Hai	ley
2	. (A	YES, NO OR UNKNOWN)		VAR OR DATES)	N/Z	A	Tressie N	orris				Avenue IMATE INTERVAL ONSET AND DEATH
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		220 I certify that (I sow the decease above (II) we) (I 22b. SIGNATURP	sed olive on did) (fird not)	Aufil view the body RINT)	otter death.	84, on	d that in my jour) opinio DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICA	L STAF	F IAN []	8-2	5-84
		HAROL BURIAL, CREMATION, BURIAL	9 1	23b. DATE 8/29/	230	NAME OF C	EMETERY OR CREMATORY Cemetery	236 LOG	C H	ro,	county	N. CATE
		n C Marci	h F/H	Inc.	ADDRESS		25a. D/				RAR'S SIGNAT	URE Randell

DHMH-16 30M 2/80 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coil should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Item 18 shows any injury, or other troumotic event, the

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

I. DEC	SECTION OF STREET									
	CEASED NAME	FIRST		MIDDLE	17	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
11446	DR.	Abraha	m	M.	Lilier	nfeld	Augu	st 6,	1984	10:35
1: SEX			RACE		5. DATE O	F BIRTH	6. AGE IN YEARS LAST BE	RTHDAY)	IF UNDER TYEAR	
	M. ALE	A	$\omega_{\rm H}$	TTE	NOV	. 13. 1920	63	YRS.	MONTHS DAYS	HOURS
70 BII	RTHPLACE (STATE OF	FOREIGN 7b.		WHAT COUNTRY	-		9 BALTIMORE CITY		Y OF DEATH	
	NEW YORK			SA	MARRIE	XNEVER MARRIED	Baltimo			
-	TY OR TOWN OF DE	ATH 11.			ING HOME O	D DIVORCED DIVORCED	120 USUAL OCCUPAT			OF BUSINESS
4	Baltimore	/	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ET ADDRESS)		(TYPE OF WORK FOR MOST	OF WORKING L	IFE) INDUSTRY	
USUZ	AL RESIDENCE (IF NUE	RSING OME OR OTH		land Gen		ospical	PHYSICI	LAN	MEL	DICINE
13a, S	TATE	TUI COUNTY		13c. CITY OR TO	WN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS			200
_	MARY LAND	BALT		BALTI	MUKE	YES NO X	3203 OLD F	OST L	JR. #21	.208
TA	FIRST	MIDI	DLE	LAST	T. D	FIRST	MIDDLE		1.4	
	HARRY	J.		LILIENF		EUGE				SLER
160 M	VAS DECEASED EVEI YES NO OR UNKNOWN) YES	HEYES GIVE W.	AR OR DATEST	166 SOCIAL SEC			. LORRIANER			
	YES	WWII-A	ARMY	052-16-	4340	3203 OLD P	OST DR. BALT	0., N		
	18 CAUSE OF DEA	TH (Enter only o	one couse per						BETWEEN	ONSET AND DE
	PART I. DE ATH V	IMMEDIATE C		Cardio	pulmona	ary Arrest				
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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and co shall be detached for use as the burial-stransit permit. Then please remove carbonpapers. Pages 1 with the Easte Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	1-	FOR STATE REGISTRAR		DEPARTMENT (	TATE OF MARYLAND OF HEALTH AND MENTAL HY TIFICATE OF DEATH	9	2   .	3 7 4
	1. DE	CEASED NAME FIRST	MIDDLE		LAST	REG. N	MONTH DA	Y YEAR 26 HOUR
ge 3 eoth		ORPRINT) EILE	er H.	Li	Wthicum		8-19	7-84 345
moy be	3. SE		4 RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BE		UNDER I YEAR IF UNDER 24 HRS
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oy the fu	10 C	TYORTOWN OF DEATH  Baltimore	II. NAME OF HOSPITAL		tal	17e USUAL OCCUPAT (TYPE OF WORK FOR MOST Homema	OF WORKING LIFE!	126 KIND OF BUSINESS OF INDUSTRY
onld be n	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13) COUNTY TO THE TOTAL TOTA	NTY 13c. CITY	NCE BEFORE ADMISSOR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 422 L	/ ZIP CODE	2/0/3 Avenue
and 2 sh	14. F.A		MIDDLE HI	irley.S	15. MOTHER'S MAIDEN N FIRST Mary	MIDDLE	Hub	bard
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that the deciting place of the ottending place remove corbons in the cemotion, or remore or other troumatic even		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CO	ONSEQUENCE C	HEREN BURNE	BIFASCIO		
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DIRECTOR: After the control of the control of the colf. It fem 21 is more		72s L certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did) (did no 72h SIGNATURE)	8/18/	1030	DEGREE	to	1	At tom the course stated  771. DATE SIGNED
UNERAL UNERAL d be dete the Stote		FACE LEONER	FATTER	APPEN SI	ATTENDING PHYSICIAN 77. ADDRESS	DIRECTOR PHYSI	BALTUR	
should with 1		SURIAL, CREMATION, REMOVAL			OF CEMETERY OR CREMATORY	234 LOCATION		
BP	100	SPECIFY) Burial	8/22/94	ה הוח	rinity Churc	The Character		COUNTY STATE

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24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4) alle of two controls and an area

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		
	1. DECEASED NAME (TYPE OR PRINT)	FAY L	aylon'	Henry	his	Micum	20 DATE	OF DEATH MONTH	28 84	26 HOUR -
	3. SEX	ale	RACE	Phite	5. DATE C			IN YEARS LAST BIRTHDAY)  OF 67  YE	IF UNDER TYEAR MONTHS DATS	HOURS MIN.
1	OUNTRY)	eylaxo	21.	SHI	WIDOWE		BALTIN	Ltimore	11	MD.
	DALtimo	DEATH	MAS MAS	HEACHITY, GIVE STREET	DOREST	or other institution	120 USUA	AL OCCUPATION PORE FOR MOST OF WORKING	NG LIFE) 126. KIND O	of BUSINESS OR
	USUAL RESIDENCE (# 130 STATE  Maryland	136 COUN		Baltimon	V	136. INSIDE CITY LIMITS	600	E astern	Avenue 2	1224
	Oliver	Taÿ	lon	Linthic		15 MOTHER'S MAIDEN	NAME	Gertrude	Biem	iller
	160 WAS DECEASED E (YES, NOTO RUNKNOWN		WAR OR DATES)	217-05-1		Robert O.	Linth	icum 6005	Eastern	Avenue
	18 CAUSE OF D PART I. DEAT	EATH (Enter only H WAS CAUSED IMMEDIATE	BY:	line for (0), (b), and	lici.	trhutuic	2 (	oer 1 ,	APPROD BETWEEN	XMATE INTERVAL LONSET AND DEATH
	Conditions, if	ony, which	DUE TO, OI	R AS A CONSEQUE	NCE OF			)		10
	gove rise to couse (a), si underlying co	toting the	DUE TO, OI	R AS A CONSEQUE	NCE OF					Phys
		SIGNIFICANT CO	ONDITIONS <u>CC</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	ERMINAL DISE	ase or condition	GIVEN IN PART 1	0
-	190 DATE OF OPI	RATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES [	_ IN CE	FYES, WERE FINDI ERTIFYING CAUSES YES [	NGS USED S OF DEATH? NO
7	COMPANIES OF THE PARTY OF THE P		HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)	
	OR CONTRIBUTING  (IF EITHER NOTIFY  21d. INJURY OCC  WHILE AT WORK AT	T WHILE WORK	21e. PLACE (	OF INJURY EET, FACTORY, OFFICE FA	RM, ETC )	211 LOCATION STREET		CITY OF TOWN	COUNTY	STATE
	saw the dec	t (1) (this hospite eosed alive an_ e) (did) (did not	8 2	9 19.3	¥ , or	nd that in (my) (our) apini	on death occur	rred on the date and	hour and from the	that (I) (we) last couses stated
	22b. SIGNATURE	1	in	م		DEGREE ATTENDING PHYSICIAN	S MEDICA	AL STAFF DR PHYSICIAN	22c. DATE 8-2	SIGNED
	PHIL	NAME TYPE	DEVE			Frances	Sco	TT KE	T SEDI	CAL CTR
	230 BURIAL, CREMATIC (SPECIFY) Buri		8-30-			EMETERY OR CREMATOR  of Faith	19	cation vertea, Bo	alto. (o.,	Md. STATE
	Charles S.		& Son S	Inc. 6224	East		AUG 2 S	/ / /	GISTRAR'S SIGNA	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or ottending physician.

IMPORTANT: If Hem 21 is morked ar Hem 18 shows ony injury, ar ather troumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and coshould be detached for use as the buriol-transit permit. Then please remove carbonoopers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, ar remayol.

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### LIVPE OR PRINTS LIPMAN **JEAN** С. AUGUST 26, 1984 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) DECEMBER 26,1899 WHITE FEMALE 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. WIDOWEDXX LITHUANIA BALTIMORE CITY DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3911 GLENGYLE AVE. HAIR DRESSER BALTIMORE BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 3911 GLENGYLE AVE. 21215 BALTIMORE MARYLAND YES XX NO [ 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE JULIUS EISENBERG ANNA 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? medica Pages ( IF YES GIVE WAR OR DATES) LOUIS EISENBERG 2712 HANSON AVE. 21209 NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Metastatic Curcinoma DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ō. hos NOIX transit i certificate 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH nta WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. 1982 saw the deceased alive an. a, and that in (my) (approximate about a coursed on the date and have and from the causes stated

FOR

STATE

I. DECEASED NAME

REGISTRAR

FIRST

DR. ROLLIN J. OTTO.JR. 14 WEST COLDSPRING LANE 236 DATE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL CITY OR TOWN 8/28/84 BURIAL HEBREW YOUNG MENS CEM

DEGREE

22e ADDRESS

ATTENDING

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 50M 4/83 (VRA 15, 4)

ild be detach the State De

MPORTANT

24 FUNERAL DIRECTOR FUNERAL DIRECTOR SOL LEVINSON& BROS, INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

above, (1) (ve) (ded) (did not), we wishe body after death

77% SIGNATUR

BALTIMORE

STAFF

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

REG. NO

MONTH

2b. HOUR

126 KIND OF BUSINESS OR

IF UNDER I YEAR

INDUSTRY

SELF

MIRTS

20h IF YES, WERE FINDINGS USED

COUNTY

STATE

IN CERTIFYING CAUSES OF DEATH?

7:00A.M

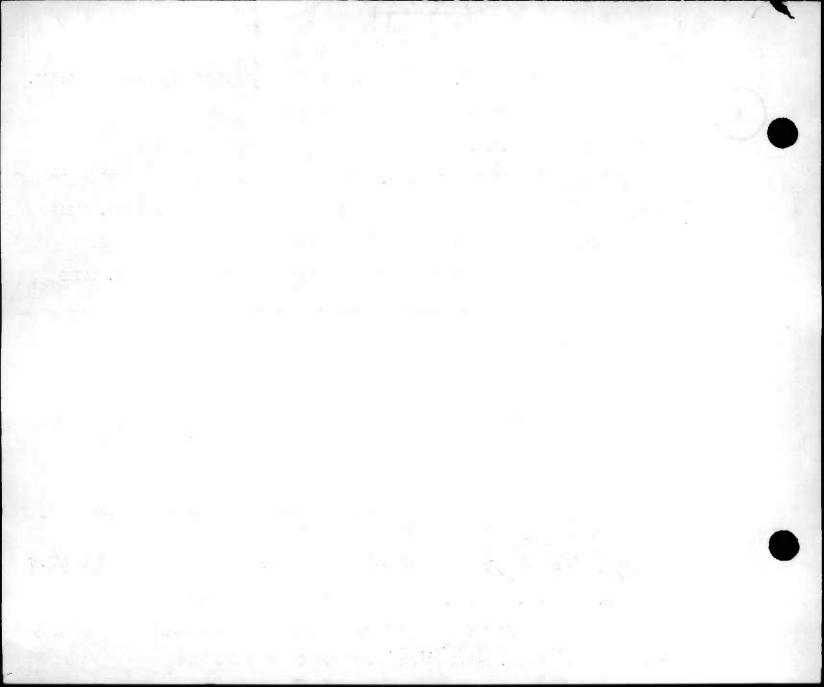
EMPLOYED

IF UNDER 24 HRS

2a DATE OF DEATH

MARYLAND

22c. DATE SIGNED



requires that the death certificate be executed within 24 hours ofter death. Page

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

# STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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G. N	10.				1.0	
TH	MONTH		DAY	VEAR	25 HO	110

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO			
1. DECEASED NAM	NE FIRST	M	MODIE		AST	20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
(TYPE OR PRINT)	David		_	1	-ippy		8 27	84	6:261
3. SEX	4	RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	HDAY) IF UN		UNDER 24 IR
mal	e	Cau	casian	N N	31 08	75	YRS.		, m
7a. BIRTHPLACE	STATE OR FOREIGN 1	CITIZEN OF V	VHAT COUNTRY?	S.	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
mary	land	u	SA	WIDOWE		Battine	ore Gt	y	
CITY OR TOWN	OF DEATH		OSPITAL, NURSII		OR OTHER INSTITUTION	126 USUAL OCCUPATE	ON 12	KIND OF B	USINESS (
Baltimo		Univer	situ of	Mary	land Hospital	Phinto		Plun	abun
UAL RESIDENC	E (IF NURSING TOME OR O	THER INSTITUTION.	GIVE RESIDE VICE BEFOR	E ADMISSION	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	211	000
mo	Car	11	Manche		YES 🔀 NO	3212 Y	1	reet	
FATHER'S NAM		IDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
Char	les	F	Lipp	4	Lilly	The state of the state of		Brown	n
160 WAS DECEAS	ED EVER IN U.S. ARM	ED FORCES?	166. SOCIAL SECT	RITY NO.	17 INFORMANT	ADDRE	SS		
no	(4 125, 0112	WAR ON DATES	215 34	2288	Mr. Richar	d Lippy,	Hampste	ead_l	Md_
	OF DEATH (Enter only		line for (a), (b), or	nd (c),1				APPROXIMAT BETWEEN ONS	E INTERVAL
PART I. [	DEATH WAS CAUSED		cardion	ulma	nary arrest				
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gove rise	to immediate	(b)	C 100000	010011					0
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		(c)	ruly cy 10	vento					
			n0 i	Λ /	NOT RELATED TO THE TERM	00 0	OTION GIVEN II	Y PAKI IIo	
A STID. ACCIDEN	OPERATION	7 7 7 7	TION FOR WHICH		N WAS ERFORMED	200 AUTOPSY?	1206. IF YES, WE	RE FINDINGS	LISED
Si In College	25/84				Gangierron	0 1	IN CERTIFYING	CAUSES OF	DEATH?
21a ACCIDEN	T WAS UNDERLYING	21b. TIME OF		Hemon	14 HOW INJURY OCCUR	YES NO	YES		40 🗌
OD CONTRIBUT	TING CAUSE OF DEAT	1100110 4 4		AY YEAR	THE HOW HAJORI OCCOR	LED LEWISK WATORS OF INJUI	I IN IIEW ID PAKE I	OR FART 27	
OR CONTRIBU	OTHY MEDICAL EXAMINER)	P.A		19	ZII LOCATION				-
WHILE	NOT WHILE		EET, FACTORY, OFFICE,	EARM, ETC )	STREET	CITY OF TO	WN (	OUNTY	STATE
AT WORK	AT WORK		1.1.		100	0/33		mad I	
	that (I) (this haspite	ol) ottended the	deceased from	8 yru					t (II (we)
obove,	e deceased alive an_ (l) (we) (did) (did not)	view the body	ofter death.		nd that in (my) (our) apinion	deoth occurred on the de			
226 SIGNA	URE	,			DEGREE	MEDICAL STAI	4 7	224. DATE SIG	NED
Br	ad Dougle	as Yew	ren Mi	D,	ATTENDING PHYSICIAN [	MEDICAL STAI		8/27	184
22d PHYSIC	IAN'S NAME (TOE OR	PRINT)			22e. ADDRESS		0 . 5	_ '	
4				Λ	1140 0 - 700	S - 1 On.	Al Ihant	41 00	5/1
Ara	d pourale	s (erno	1 Mi	0.	MULTER SIAA	x rughten	1703(NO	4 22	2 (74
	d Dougla	S Cerne			EMETERY OR CREMATORY	23d. LOCATION	in popula	9 22	2 00
(SPECIFY)			73c.	NAME OF C		CITY OR TOWN		UNTY	STATE Md.
Donation Property Company Comp	on	8-29-	84 P	NAME OF C	my Board		ce		Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the busial-transit permit. Then please remove carbonpapers. Pages 1 and 2 similar to use it within 72 hours all with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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marked or Item

If Hem 21 is

MPORTANT.

22d. PHYSICIAN'S NAME (TIPE OR PRINT) EDWIN EPSTEIN

236 DATE

230 BURIAL CREMATION, REMOVAL

24 FUNERAL DIRECTOR

should be detached for use as the burial-transit permit-with the State Dept. of Health and Mental Hygiene prio

After this certificate has by

physicion

,	1-	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	1 3 /	' 3
		CEASED NAME OR PRINT)	PIRST PVI	NG	MIDDLE	.155	AST Y	20 DATE OF DEATH MON	1 198	4 9 3 A M
)	3 SEX			4 RACE WHITE	3	S. DATE C	L 15,1901 YEAR	6 AGE (IN YEARS LAST BIRTHDA	WONTHS OAY	
¥27		RTHPLACE (STATE OR FO	DREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR C		MD.
OOntified		TY OR TOWN OF DEA	тн		HOSPITAL, NURSING HEACHTY, GIVE STREET A DRDS LANE		OR OTHER INSTITUTION  2B (21215)	120 USUAL OCCUPATION (1795 OF WORK FOR MOST OF WO MERCHANT	ORKING LIFE) 12h KIND INDUSTR RE	OF BUSINESS OR TAIL
Sust be	USUA 13a S MAF	AL RESIDENCE (# NURSI TATE RYLAND	13b COUN		GIVE RESIDENCE BEFORE 13c CITY OR TOWN BALT IMORI		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZJ 4008 FORDS L	ANE APT.	2B (21215)
exomine	14 FA	THER'S NAME NATHAN		WIDDLE	LISSY		ETHËL	WE	WIS	As1 È
medicol		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	218-18-2		MRS. ROSE LI	SSY 4008 FORD	S LANE AP	T. 2B(2121
event, the		18. CAUSE OF DEATH PART I. DEATH W	AS CAUSE	ly one couse per D BY: E CAUSE (o)	line for to 1, (b), and Respir	aton	y arrest		APPR BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
or other troumatic		Conditions, if ony, gove rise to imm couse (a), stating underlying couse	ediote g the lost	(b) DUE TO, OI	R AS A CONSEQUE R AS A CONSEQUE	NCE OF	carcinoma			
injury,	NO	PART 2 OTHER SIGN	IIFICANT (	CONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITI	ION GIVEN IN PART	lio

200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED CERTIFICAL 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NXXX 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body ofter death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF ATTENDING MD

228 ADDRESS

23c NAME OF CEMETERY OR CREMATORY

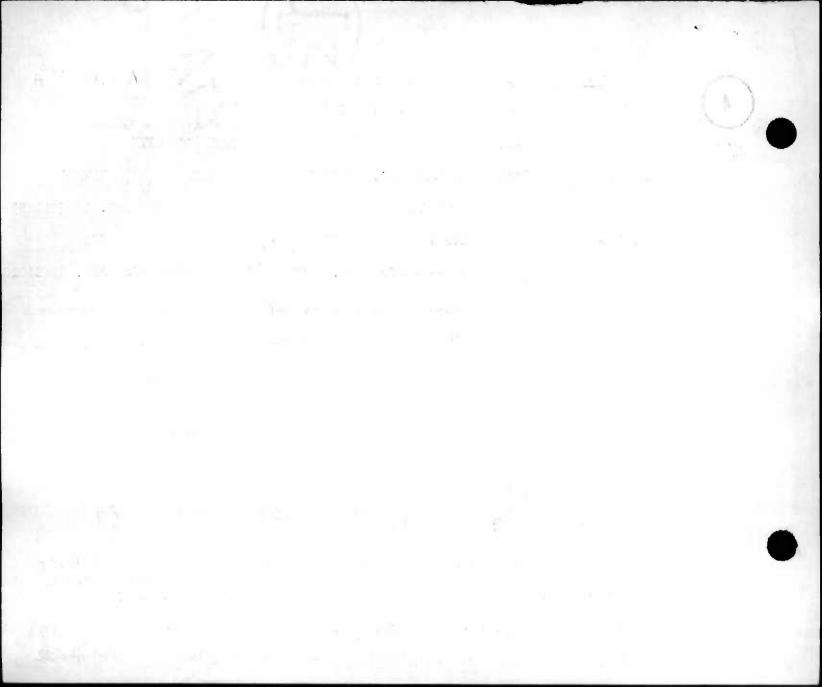
neduce Ave

23d LOCATION

21215

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: etoined by the hospitol



H	FOR STATE REGISTRAR	
£	1 DECEASED THE	FIRST
1	3. SEX	
1 1	70. BIRTHPLACE (STATE OR	FOREIGN

STATE OF MAKTLAND	
EPARTMENT OF HEALTH AND MENTAL HYGIENE	del
CERTIFICATE OF DEATH	

	/	CERTIFICATE OF DEATH	REG. NO.			
	Glenford	LITTLE	24 DATE OF DEATH MONTH DA	1 84	26 HOUR	1.5m
	CHUC.	5. DATE OF BIRTH		UNDER I YEAR	IF UNDER 7-	MIN.
	76. CITIZEN OF WHAT COUNTRY?  USA	MARRIED X NEVER MARRIED WIDOWED DIVORCED	Baltimore City  Baltimore City			MD.
Т	1). NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b KIND O	F BUSINES	SOR

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Wyman Park Health Systems, Inc JOSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136 COUNTY 136, CITY OR TOWN

0410

CITY OR TOWN OF DEATH

16g/WAS DECEASED EVER

couse (0), stating the

NOT WHILE

Yes

13d INSIDE CITY LIMITS? Kingsville YES 😾 NO [

134 STREET ADDRESS / ZIP CODE 11907 Woodberry Place 21087 15. MOTHER'S MAIDEN NAME

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Game Warden

2 1 5

Maryland Baltimore L FATHER'S NAME Little Ray Vincent ARMED FORCES?

Hazel Catherine 17 INFORMANT Mrs.Lois B.Little

Kingsville, Md. 21087 11907 Woodberry Place

Denney

St. of Md.-Ret.

APPROXIMATE INTERVAL

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if ony, which gave rise to immediate

(IF YES, GIVE WAR OR DATES) WWII-Korea

NEUMDNIN

DUE TO, OR AS A CONSEQUENCE OF

166 SOCIAL SECURITY NO

379-16-4409

underlying cause

PART 2 OTHER SIGNIFICANT CONDITIONS ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1991

Immunosu	PARESSION , H	THECOSCLEROT	رد ل	5 RONI	AVRY HRTE	EN DILEGEE
190 DATE OF OPERATION	196 CONDITION FOR WHICH PERATIO	ON WAS PERFORMED	200 AUT		206 IF NES, WERE FIN	
			YES 🗌	NO	YES 🗌	NO [
210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRED	) (ENTERN	NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	73)

(IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY OFFICE FARM ETC.)

STREET

211 LOCATION COUNTY CITY OR TOWN

22s I certify that (I) (this haspital) attended the deceased from sow the deceased alive an

DEGREE

ATTENDING MEDICAL STAFF **PHYSICIAN** DIRECTOR 22e ADDRESS

TN. DATE 5

STATE

Pinora Township Cemetery Reed

23a.	BURIAL,	CREMATION,	REMOVAL
	/ SPECIEVY		

City-Osceola-Michigan

Burial

MEDICAL

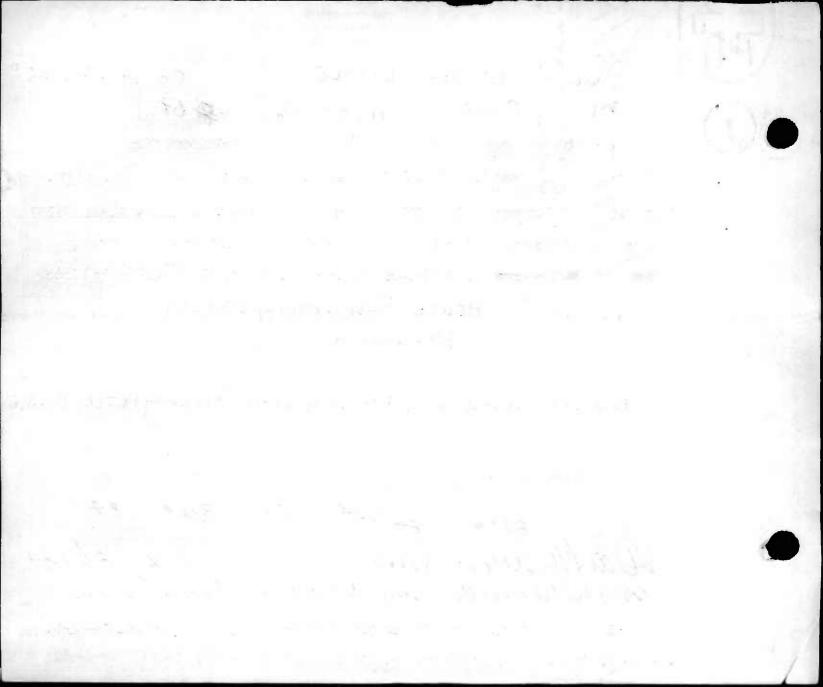
WHILE

24 FUNERAL DIRECTOR

Howard K. McComas III, Abingdon, Md. 21009

Aug. 29, 1984

DHMH - 16 50M 4/83 (VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached far use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filed within 72 haurs is with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

S	T	A	TE	0	F	M	A	R	YL	A	N	D

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

~	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	RFC	S. NO.		
0		CEASED NAME FIRST		DDLE	61	IN aston	2a DATE OF DEAT		22 84	10:40 RM
U	3. SE)		4. RACE CAUCAS	SIAN	5. DATE O		6. AGE IN YEARS LA	ST BIRTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
15		RTHPLACE (STATE OR FOREIGN COUNTRY) ? PENNSYLVANIA	76 CITIZEN OF W		WIDOWE		9 BALTIMORE CIT	MD.		
1/2		Ba lhmore	SIN N	FACILITY, GIVE STREET	SPIT	A L	120 USUAL OCCU		MED:	
35	130 S	AL RESIDENCE (IF NURSING HOME OF		BALTIMO	V _	13d. INSIDE CITY LIMITS?	130 STREET ADDRE	pail A	#212 P35 Ave	Balt. My
$\alpha$	14. FA	FATHER'S NAME BARNEY  MIDDLE LIVINGSTON  15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE MIDDLE								51
medical	160 V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES?	220-24-		6813 PARK H	RS. ANN E	BALTO	., MD 2	1215
aws any injury, ar ather traum	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR (c)CONDITIONS CON	AS A CONSEQUE PY M	NCE OF	CONCOY O  NOT RELATED TO THE TERM  N WAS PERFORMED	f the	20b. IF Y		NGS USED
Morked or frem 18 sh	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK 220.1 certify that 4h (this hasp	P,M 21e, PLACE O (AT HOME, STREE	I. MONTH DA I. IF INJURY EF, FACTORY, OFFICE, F.	19	211. HOW INJURY OCCUR		INJURY IN (TEM I	COUNTY	STATE that (The we) last
9		saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	view the body o	osad	,	d that in (my) (our) apinion DEGREE  ATTENDING PHYSICIAN  226 ADDRESS	MEDICAL DIRECTOR PH	STAFF		causes stated
MPORTANI		UMA  BURIAL, CREMATION, REMOVAL	PRAS			SINA	HOSP17		, vsau	MA
		SPECIFY) BURIAL	AUG. 24, LEVINSON		ITZ C	HAIM	BAL'T' TMO			TURE STATE
83		6010 REISTERST		ADDRESS		21215 AU			Davidson A	anders

BALTO., MD 21215

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 2	001
000 de 3		CEASED NAME OR PRINT!	AIDDLE	L09112	20 DATE OF DEATH MONTH	
ther do	3. SEX		4. RACE	S. DATE OF BIRTH MONTH DAY YEAR OZ 01 0.3	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS M
		RTHPLACE (STATE OR FOREIGN COUNTRY) VIVGINIO	76 CITIZEN OF WHAT COUNTRY		Baltimore City or COL	
by the lifed will be w	12	TY OR TOWN OF DEATH.	11. NAME OF HOSPITAL, NURSII  (JENOLIN SUCH FACILITY, GIVE STREET	ADDRESS DEATON	120 USUAL OCCUPATION (T PE OF WORK FOR MOST OF WORK	INDUSTRY
filled in nould be f	130.5	LESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	YES NO NO	13 STREET ADDRESS ZIP (	CODE the 35
exorately 2 st	14 FA	THER'S NAME FIRST SEO GE	MIDDLE LAST	15. MOTHER'S MAIDEN NA MAI	MIDDLE	LAST
S. Pages 1		VAS DECEASED EVER IN U.S. ARI (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECTION SOCIA	9311 Minnie L	ogan 1222	
physicic supapers emaval.		PART L DEATH WAS CAUSE	ly one course per Marian, (b), or D 8Y.  E C AUSE (n) Adams	20	Pthe stone	RETWEEN CHOSE AND DE
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STATE OF MARYLAND

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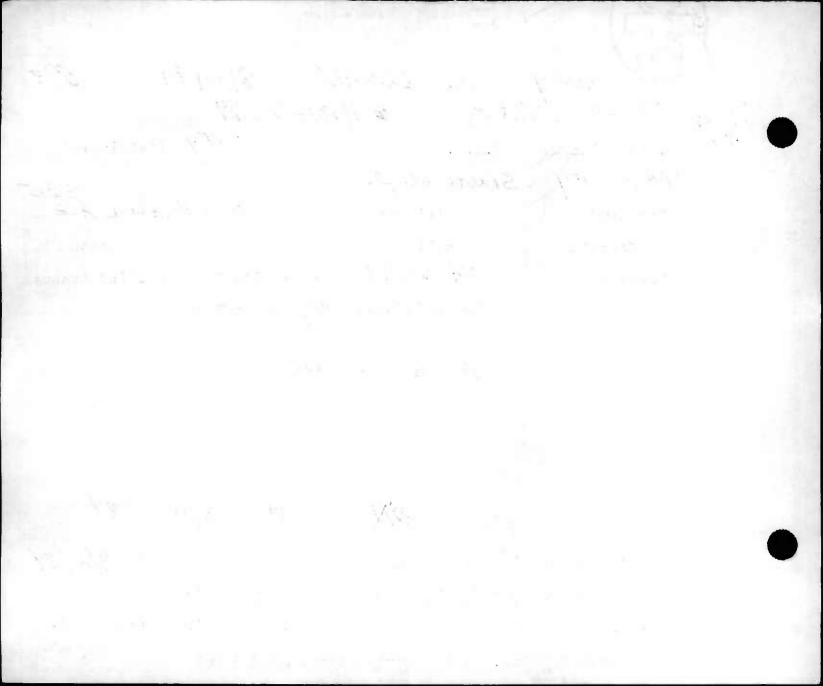
# STATE OF MARYLAND

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35	13a, 5	STATE IN COUNT	Baltimore YES 🕏 x	NO [] 303	ADDRESS ZIP CODE 2 ROSA LI	ND AUG
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DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

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IMPORTANT: If Item 21 is marked or Item 18 shows any

# FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.					
		EASED NAME DR PRINT)	FIRST MA		RNON LO	ONG	AST	2a. DATI	AUGUST			YEAR	26 HOL	B P
-	3. SEX			4. RACE		5. DATE C		6. AGE	(IN YEARS LAST BIRTHDA	AY)	IF UNDER	DAYS	IF UNDER	24 HRS
1		Female	3115	White	2	Jan	. 7,1891 YEAR	1	93	YRS.			1.0043	Air s.
2	Ja. BIR	THPLACE (STATE ORFO	ORÉ IGN	VI. CITIZEN OF	WHAT COUNT	RY? 8 MARRIE WIDOWE	D NEVER MARRIED	D 7. 1						
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5	USUAL RESIDENCE IF NURSING HOME OR 136. STATE 136. COUN Maryland				136 CITY OR T Balti	YES NO [		et address / zi 3811 Car			Rd	. 2	1218	
0	14. FAT	John H. Ac	dams,	Sr.	LAST		15. MOTHER'S MAIDEN NA.		ernon Sti			LAST		
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	4	S NO OR UNKNOWN)	(# 163, 0146	WAR OR DAILS	213-74	-4628	Adams Baltimore, Md. 21212							
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF LOST OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101												
2	CERTIFICATION	9a. DATE OF OPERAT	ION	196 COND	ITION FOR WH	HICH OPERATIO	N WAS PERFORMED	20a A	II.	Ob. IF YES N CERTIF				TH?
	MEDICAL	OR CONTRIBUTION OF CONTRIBUTIO							CITY OR TOWN	I ITEM 18 P	COU			STATE
		22a. I certify that (I) saw the decease above, (I) (we) (d	(this hospit	alrattended th	deceased fro	98/14,01	13 , 19 <u>7 3</u> nd that in (my) (our) opinion	, to death occ	urred on the date	ond hav		om the		
		226 SIGNATURE	flor	Hes	uper	ger ?	ATTENDING PHYSICIAN 1220 ADDRESS	MEDIC	STAFF	<b>4</b> 🗆	220	8/1	3	84
			/	Hersper	ger, M.	D.	101 W. Rea	d St	. Baltime	ore,	Md	. 21	201	
		URIAL, CREMATION, P	REMOVAL	236. DATE		231. NAME OF C	EMETERY OR CREMATORY	23d L	OCATION CITY OR TOWN		COUNT	Y		STATE
	,,,	Burial		Aug.	15,1984	Drui	d Ridge	Pi	kesville	, Ba				

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DHMH - 16 50M 4/83 (VRA 15, 4)

Druid Ridge

Pikesville, Balto. Co., Md REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR ADDRESS 6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.2121

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FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE REGISTRAR			CERTIF	ICATE OF D	EATH	REG.	NO.		
I. DECEASED NAME FIRST		NIDDLE	-	VEU.		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
OLIV	ER	-	20	veu			8	22 84	940 PM
3. SEX 2 MALE	1. RACE	HITE	S. DATE C		YEAR	6 AGE (IN YEARS LAST!	BRIHDAY)	MONTHS DATS	IF UNDER 24 HRS
O. BIRTHPLACE   STATE OR FOREIGN		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER M	AARRIED	9 BALTIMORE CITY BALT	_		Ч мр.
BALTIMORE	FRANCIS		ADDRESS)	OR OTHER INST		120 USUAL OCCUPA (TYPE OF WORK FOR MOS	TOF WORKING		F BUSINESS OR
SUAL RESIDENCE (# NURSING HOM 30 STATE	E OR OTHER INSTITUTION. DUNTY LTIMURE	GIVE RESIDENCE BEFORE	DMISSION)	13d. INSIDE CI	TY LIMITS?	13e.STREET ADDRESS		pedale	Rd. 2123
FATHER'S NAME FIRST	MIDDLE	COVEL		M.	MAIDEN NAM	MIDDLE	5	Wo	0020
60. WAS DECEASED EVER IN U.S.  (YES, NO OR UNKNOWN)  (IF YES	ARMED FORCES? GIVE WAR OR DATES)	2/3 09	3048	17 INFORMAL	4mily	RECORDS	RESS		
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse per USED BY: DIATE CAUSE (o)	SUSTAINE	Films	MAD TO	NSION			BETWEEN	MATE INTERVAL ONSET AND DEATH
Conditions, il ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)	R AS A CONSEQUE  RAS A CONSEQUE  RUPTURE	ORG		ALLURE MA AON	enc Avean	eysn	1 30	horrs
PART 2. OTHER SIGNIFICAN	^ /		DEATH BUT	NOT RELATED					0
Respiriting 7 190 Date of OPERATION  8/2/84 210. ACCIDENT WAS UNDERLYING	0	ed AAA		N WAS PERFO	RMED	200 AUTOPSY?	IN CE	YES, WERE FINDII RTIFYING CAUSES YES [	
	DEATH HOUR A.	M. MONTH DA	YEAR		JURY OCCURE	RED (ENTER NATURE OF IN	DURY IN ITEM	18 PART I OR PART 2)	
VIETNET NOTIFY MEDICAL EXAM  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAM  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE F	ARM ETC )	211 LOCATIC STREET	N	CITY OR	town	COUNTY	STATE
22a.1 certify that (i) (this has sow the deceased alive above, (i) (we) (did) (did)	on 8/2	219			, 19 ST (our) opinion (	death occurred on the	date and	hour and from the	
	Meilah	n	MI	٠	TTENDING PHYSICIAN [	MEDICAL ST DIRECTOR PHYS	TAFF SICIAN X	8	22/54
220. PHYSICIAN'S NAME IT	MET UA HW	MO		France	es Scott	Key Med	chr-	Baltine	ve Md
230 BURIAL, CREMATION, REMOVE BURIAL	VAL 236. DATE 8-25-	1984 M	ORS 1	EMETERY OR C	M. PARX	Parky	TE	BALTO P	PARYLAND
EVANS FUNERAL I	Home	PUTTY	HiL	HARFOR	O AD.	16 2 8 1984	AR 256 REC	SISTRAR'S SIGNA	Porter.

DHMH - 16 50M 4/83 (VRA 15, 4)

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retained by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT: If Item 21 is morked or Item 18 shows

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TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be

retained by the haspital or attending physician

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TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physicion and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical exam

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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1-	FOR STATE	DEPART		EALTH AND MENTAL HYGICATE OF DEATH	SIENE 2	3 0 -	,
	REGISTRAR				REG. NO.		
	CEASED NAME FIRST	les James		Lowery	20 DATE OF DEATH MONTH	3-84/	3, 0 4 M
3. Sfi	male	White	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
13	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		D DNORCED ROTHER INSTITUTION	120 USTIAL OCCUPATION (179E OF WORK FOR MOST OF WORKING	126 KIND O	MD.  OF BUSINESS OR
	AT RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION CHE RESIDENCE SEFO	WN.	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS / TIP COL	DE A	ne 2112
9	ATHER'S NAME FIRST	MIDDLE Lowery		15 MOTHER'S MAIDEN NA	74 / 3	LAS	51
	VAS DECEASED EVER IN U.S. AR YES. NO OR UNKNOWN) (IF YES, GP	RMED FORCES? 166 SOCIAUSEC	URITY NO.	17 INSORMANT	Privery 307	Que	too live.
	PART I. DEATH WAS CAUSE	inly one couse per line for (o), (b), of ED BY:  ITE CAUSE (o)	diopu.	lmonary a	rrest	BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	P _	PD		~		
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	IVEN IN PART 110	0
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION	N WAS PERFORMED	IN CERT	ES, WERE FINDIN IFYING CAUSES (ES []	
8	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 21	
MEDICAL	21d INJURY OCCURRED  WHITE NOT WHITE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	sow the deceased alive or	oitol) ottended the deceased from  n 9-3 19  ot) view the body ofter death	130	d that in (my) (our opinion	death accurred on the date and he	/	that (I) (we) lost causes stated
1	274 SIGNATURE WILL	thom .	/	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	- Pre DATE	SIGNED /
	22d PHYSICIAN'S NAME (TYPE OF	th William	75	228 ADDRESS	Hosp. 900.	South 6	ator Hos
23a.	BURIAL, CREMATION, REMOVAL	1 236 DATE (23)	NAME OF C	EMETERY ON CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	gristals.

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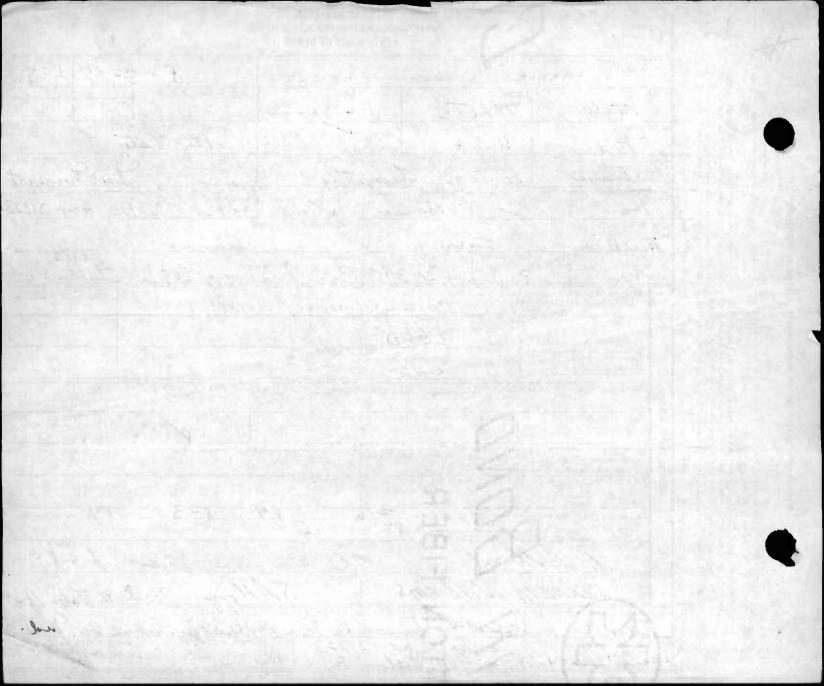
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(VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbonopeers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or ather traumatic event the medical exam

- 1	/				STATE	OF MARYLAND				
4	1	FOR		DEPART	MENT OF H	EALTH AND MENTAL H	HYGIENE			
1	-	STATE REGISTRAR			CERTIF	CATE OF DEATH	8	REG. NO.	1 1 2	6
ł	1 DEC	CEASED NAME FIRST	MIC	DDLE	L.	AST	7a. D	ATE OF DEATH MONTH	DAY YEAR	12h HOUR
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3							-	10 /		M
1	3 SE>		4. RACE		5. DATE O	F BIRTH	6. AC	GE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
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Л	7a. BIF	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WI	HAT COUNTRY	? 8	NIEVED WADDIED [	9. BA	ALTIMORE CITY OR COU	NTY OF DEATH	
1	R	USSIA	USI	9	WIDOWE			3ALTIMORE		MD.
1		Y OR TOWN OF DEATH		SPITAL, NURSI FACILITY, GIVE STREE		R OTHER INSTITUTION	(TYPE	USUAL OCCUPATION E OF WORK FOR MOST OF WORKIN	MG LIFE) INDUSTRY	
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ŧ	14 FA	THER'S NAME		,		15. MOTHER'S MAIDEN	NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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k	UX 24					3/1/3 PARK	mo.	AVE. DALI		
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1		underlying cause last		LIVER		LACIS			54	EARS
١		DADTO OTHER CICARGOAN	10.							
I	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	EKMINALI	DISEASE OF CONDITION	GIVEN IN PART I	(0)
4	CERTIFICATION	19n. DATE OF OPERATION	19h CONDITH	ON FOR WHICH	H OPERATIO	N WAS PERFORMED	20	a AUTOPSY? 20b. IF	YES, WERE FIND	INGS USED
1	F	7,2.07.10.01.01.01.01				· · · · · · · · · · · · · · · · · · ·		INCE	RTIFYING CAUSE	S OF DEATH?
4	RT					In		S NO	YES [	но 🗌
4	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF		DAY YEAR	216. HOW INJURY OCCI	CURRED (	ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)	
ı	AL	(IF EITHER, NOTIFY MEDICAL EXAMIN			19					
ı	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF	INJURY		211 LOCATION	-	CITY OR TOWN	COUNTY	STATE
1	X	WHILE NOT WHILE	(AT HOME, STREE	T, FACTORY, OFFICE.	FARM, ETC ]	STREET		CITY ON TOWN	COOM	SIAIC
1		220.1 certify that (1) (this has	nital) attended the	decented from	AUG	1 108	4.	AUG I	19 84	, that (1) (we) last
		saw the deceased alive of	n AUGI	19_				occurred on the date and		
1		obove, (1) (we) (did) (did)	view the body of	ter death.				The second secon		
		226. SIGNATURE	100	- h		DEGREE ATTENDING	C ME	DICAL STAFF	726. DA1	E SIGNED
	-1	Mace	7.100		- 1	1D PHYSICIAN	N DIR	ECTOR PHYSICIAN	AUG	7 1,1984
1		22d. PHYSICIAN'S NAME TYPE			50.74	22e ADDRESS				,
1		MARK S.	NOVECK			SINAL HOS	PITA	C, BALTIMOR	EMD:	21215
1	23n B		1 123h DATE	23¢	NAME OF C	EMETERY OR CREMATOR		d LOCATION		
	(	urial, cremation, remova <sup>SPECHY)</sup> BURIAL	AUG. 2,1	984	CHIZUK			BALTIMORE	COUNTY	DVI AND
-1		NERAL DIRECTOR SOL					DATE DE C			RYLAND
į			/	ADDRESS		25 <b>c</b> . D	IIC	D. BY REGISTRAR 256. REC	Jan don	Titolelle -
		6010 REISTERST	OWNRD.	BALTO.,	MD	21215	00	1 1904		

DHMH - 16 50M 4/83 (VRA 15, 4)

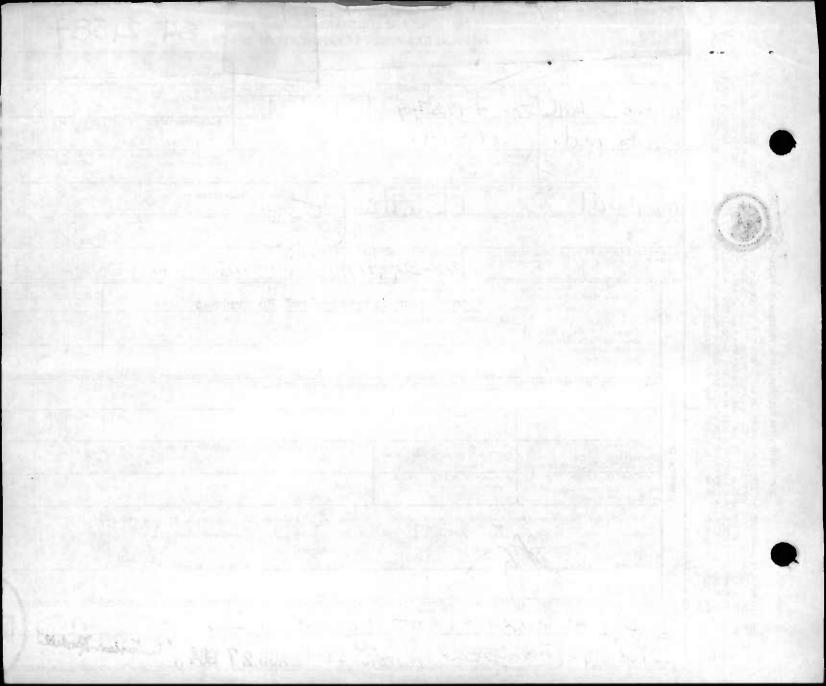
retained by the haspital or attending physician.

BP

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			and the stock

1		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 84 21	587
· 10.3	1. DEC	REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  CEASED NAME  FIRST  MIDDLE  LAST  DEATE KNOWN FOR MONTH!	DAO YEAR 26. HOU
TOR SHEET,	3. SEX	Leroy Lucas DEATH MATED   8/21	L/849  DAY YEAR BOLHOL
ALDIRE YOUR YOUR STON ST	70.81	ALE Blad 5AV 4 1935 49 YRS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD 8/21/ IRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 8	/84 19 A
W PERSON	3	MARRIED NEVER MARRIED Baltimore City  WIDOWED DIVORCED Baltimore City  III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK)	MIZE KIND OF BUSINESS
PAGE FILE		Baltimore (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Baltimore Maryland General Hospital  AL RESIDENCE (IF IN NURSING HORE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	OR INDUSTRY
(A)35	13a. ST	TATE (and 136 COUNTY 136 ETTOOR TOWN) 136 INSIDE (ITY IMITS? 136 STREET ADDRESS YES NO . YES NO	
30	1	ATHER'S NAME  FIRST  MIDOLE  LAST  15. MOTHER'S MAIDEN NAME  FIRST  MIDDLE  MIDDLE  MIDDLE  MIDDLE	Thrson
JRS AFTER S. GINE PR WITH FOR		NAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  216-32-2497. Shirter Ford 17. N. Ca	the rine st
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART   DEATH WAS CAUSED BY:  Spontaneous intracerebral Hemorrhage	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
ZZZY LYO		Conditions, if any, which gove rise to immediate (b)(b)	
UTED WITH IN PENCIL EXAMINER SIAL - TRANS D MENTAL HON, OR REA		couse (a) stoting the <u>under-lying couse last.</u> DUE TO, OR AS A CONSEQUENCE OF  (c)	
NI RECORDS, 201 NULD BE EXECUTED NULD BE EXECUTED FF MEDICAL EXASED AS A BURIAL-FHEALTH AND ME AL, CREMATION, (	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10	
SHOULD I WORD "PEN WORD "PEN WORD "PEN WORD A WIT OF HEA WIT OF HEA BURIAL, C	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
N OF THE WALLE STANEN		216 EXTERNAL CAUSE WAS  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH  P.M.  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART LORD CONTRIBUTING CAUSE OF DEATH  P.M.  19	
	MEDICAL	71d INJURY OCCURRED  WHILE AT WORK  21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  21f. LOCATION  STREET CITY OR TOWN  COUL	NTY STATE
MA SA SA SA		220   Certily that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my opin death resulted from: Notaral courses X, Accident , Suicide , Homicide , Undetermined manner ,	nion
CAL EXAMNER: THE CERTIFICAT SHOULD BE FOR RAL DIRECTOR: ATH, WITH THE RE, MARYLAND		TITLE (SPECIFY)	8/22/84
DE 4 NOS		EXAMINER'S NAME Gregory R. Kuaffnan, M.D. Address 111 Penn St.	0122104
TO ME EXECUTE PAGE TO FU	23a. Bl	URIAL CREMATION, REMOVAL 236. DME 236. NAME OF CEMETERY OF CREMATORY COUNTY PROJECT.  BURIAL AUG, 25, 84 MT. AUBURNCOM, CITY PROJECT.	m m
DHMH - 17 (VR A15 ME (5))	24 Ft	ONERAL DIRECTOR  ADDRESS  1913  250. DATE REC'D. BY REGISTRAR 25 WREGISTRAR'S SH  ALIG 27 DRA  The masks of the Davids  ALIG 27 DRA  The masks of the Davids  The masks of	GNARAMA

20M 4/82



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

8 4		9	1		
REG.	NO.	ØF >ap	1 0	0	-
E OF DEATH	MONTH	DAY	VEAR	2h NOUD	-

	- STATE REGISTRAR			DEFARIT	CERTIF	ICATE OF DEATH	REG.	NO.	1 3	8	3
I	1. DECEASED NAME	FIRST		MIDDLE		AST	2a. DATE OF DEATH	MONTH DA	YEAR	2b. HOUR	
ı		JULIZ		NN	MAC			8/19	1/87	11-A	М
I	3. SEX	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST		FUNDER I YEAR	IF UNDER 24 HRS	
ı	/ FEMALE		WHIT	TE	JAN		73	YRS.			
1	Ta. BIRTHPLACE (STATE OF	R FOREIGN 71	. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D W NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
1	MD.		U.S.A		WIDOWE	DIVORCED	BALT	IMORE (	CITY	A	AD.
1	BALTIMOR		(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET RCY HOSP	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA ITYPE OF WORK FOR MOS SECRETA	TOF WORKING LIFE)	INDUSTRY	F BUSINESS O	
1	USUAL RESIDENCE (IF NUI						SECKETA	KI	GEN P	101012	,
1	MD.	BAL!		BALTIMO		136. INSIDE CITY LIMITS?		s UNDAWAI	N RD.	21236	5_
	14 FATHER'S NAME	M	DDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS1		
	JOSEP			BERA	N	JULIA	AN			KNOWN	
	16a. WAS DECEASED EVE		ED FORCES?	166. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADI	ORESS	S	AME	
1	NO	1 100.000	THE OR DATES!	216-10-	4843	JOHN MAC	DONALD (	HUSBANI		RESS	
ı	18 CAUSE OF DEA	TH Enter only	one couse per	line for (a), (b), an	d (c).)				BETWEEN	MATE INTERVAL	
1	PART I. DEATH	WAS CAUSED IMMEDIATE		CARdio	RESA	PINATONY AN	NEST		61	nisutes	
1				R AS A CONSEQUE	ENCE OF	0			1		
ı	Conditions, if on		( (b)_	SEPSIS					2 W	arks	
ı	gove rise to in couse (a), stat	nmediate ring the	DUE TO O	R AS_A CONSEQUE	ENCE OF						
1	underlying cous		(c)			otory Annis	5-		1 / w	28/	
1	PART 2. OTHER SIG	SNIFICANT CO	NOITIONS CO	ONTRIBUTING TO	DEATH BUT	NO FRELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	V IN PART 110		_
_	0	KUPTUR	ad Di	win Till	1-1-1		Colon 1				
	190. DATE OF OPER.	AMON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOT		WERE FINDIN		
H	210. ACCIDENT WAS U	NDERLYING	21b. TIME O			21c. HOW INJURY OCCURE				110	name Name
1				M. MONTH DA							
1	(IF EITHER, NOTIFY MEI  21d. INJURY OCCU		P. 21e. PLACE		19	211 LOCATION					_
1	ALLIER MOLA	WHILE	(AT HOME, STI	REET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITY OR	IOWN	COUNTY	STATE	
1	220.1 certify that (		) attended th	e deceased from	8	1089	10 8/	79 10	89	that (I) (we) la	-
	sow the decea above, (I) (we)	sed alive on_	8/1	14 19	84.00	nd that in (my) (our) opinion o	death occurred on the	date and hour c	and from the	couses stated	31
1	226 SIGNATURE	1	011	1		DEGREE		4-1-1	22c. DATE	SIGNED	
	5.11	1. 6	las	ul I4	m	ATTENDING PHYSICIAN		TAFF SICIAN [	8/1	484	_
1	234 PHYSICIALS N	NAME (THE OF	west /		1	224. ADDRESS	11		,		
	L.J.	Eg/L.	SEdel	RILM	10	Men	cy 1/0.	50176	7/		
	230 BURIAL CREMATION	MOVAL	23h DATE	23 c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	_
	BURI		8/17/	/84 ME			4	LTO.	COUNTY	MD.	
	24 FUNERAL SICH THY	IUNEK .	FUNERA	AL HOME,	INC	25a. DATI	E REC'D. BY REGISTRA	AR 256. REGISTR	AR'S SIGNATI	JRE	
1	9705	Belai:	r Rd.	, Balto.	Md.	21236	19 1 7 1984	+ Julia De	avidson-1	andell	

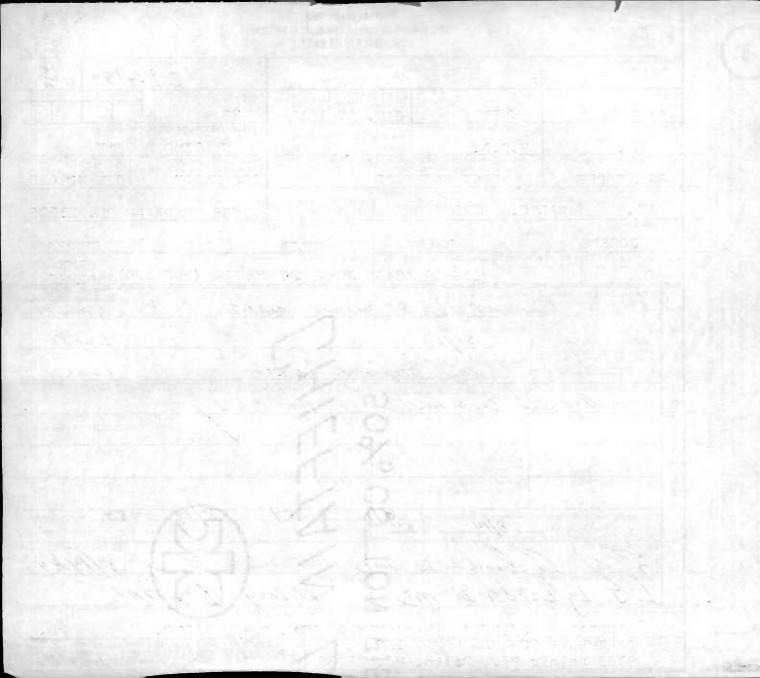
DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

ATTENDING PHYSICIAN: The

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbonopaes. Pages with the State Dept. of Health and Merial Hygiene prior to burial, cremation, ar removal.

WPORIANI: If them 21 is marked or item 18 shows any injury, or other traumatic event, the medic



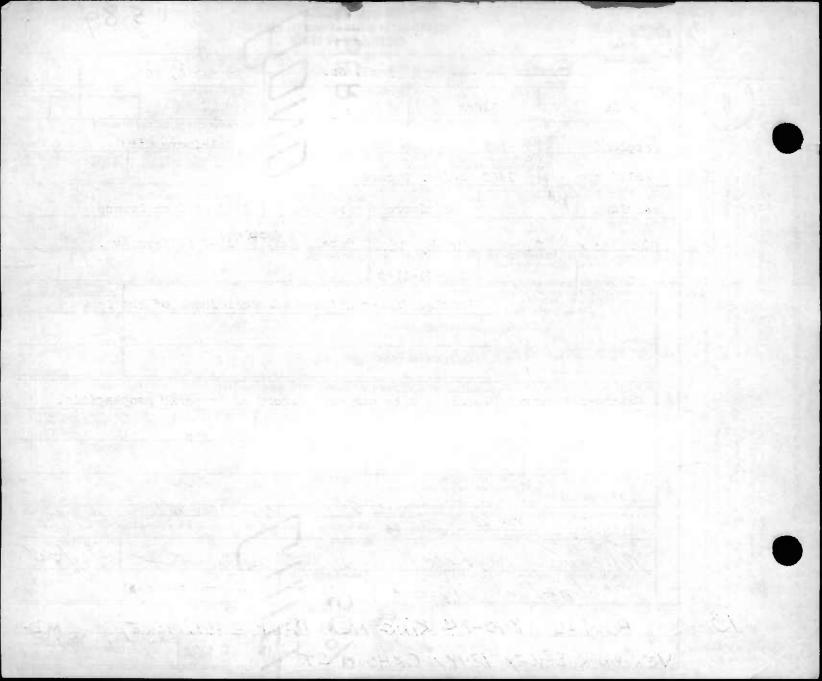
DHMH - 16 50M 4/83 (VRA 15, 4)

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

21589

		REGISTRAR				CERTIF	FICATE OF DEATH	REG. N	0.		
Fil		CEASED NAME	Char	105	MIDDLE D.	Hac	LAST C'n	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
			Cliat	res	υ.	Mac	ck, Sr.	August 6	, 1984		
)	3. SE	Male		4. RACE B1	ack	MONT		6. AGE (IN YEARS LAST BIR	MON	THS DAYS	IF UNDER 24 HOURS
	7a. BI	RTHPLACE (STATE OR	FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8.	23/01  D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
355		Maruland		USA		WIDOWI		Baltimo	re City		
Other	10 CI	TY OR TOWN OF DE		(IF NOT IN SU	HOSPITAL, NURSING THE STREET Madison	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATI (1YPE OF WORK FOR MOST C		126. KIND C	F BUSINESS
e u	USUZ	AL RESIDENCE UF NUR					<i>(C</i>			21	2117
Bust E	13a. S	Maryland	13b. COUN		13c CITY OR TOW Baltin	/N	13d. INSIDE CITY LIMITS? YES XX NO	13e STREET ADDRESS . 1403 Madi		nue	211
- n	14. FA	THER'S NAME	1 1-1				15. MOTHER'S MAIDEN NA				
500		Clark Par	1	MIDDLE	LAST	0.4	Gorald Mach	ephew) Ma	dieon 7	TAS	) I
0		<u>Charles</u> VAS DECEASED EVER	IN U.S. AR.	MED FORCES?	Mack 166 SOCIAL SECL	JRITY NO	17 INFORMANT	ADDRI			
0		res, no or unknown)		E WAR OR DATES)			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
med		NO			214-01-	-1782					
=		18 CAUSE OF DEAT	H (Enter on	ly one couse pe	r line for (a), (b), on	id (c).)				BETWEEN	MÅTE INTERVA ONSET AND DE
C C		PART I. DEATH V			Poorleu	diffe	erentiated ade	nocarcinoma	of the	lung	r
Ü				E CAUSE (o)							771
ē e				DUE TO, C	R AS A CONSEQU	ENCE OF				200	
5		Conditions, if any	, which	(d)							
-		gove rise to im	mediote	)							
e e		underlying coust		DUE TO, C	R AS A CONSEOU	ENCE OF			- 77		
0		and any my		(c)							
×		PART 2. OTHER SIG	NIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	0.
5	Z	Gastro-i	ntest	inal bl	eeding, s	site u	unkown; Histor	y of herpet	ic esor	hagit	is.
s ony	CERTIFICATION	190 DATE OF OPERA					ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, W	ERE FINDI	OF DEATH?
0	Į Ē							YES NO	YES [		NO 🗌
8 9		210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A	M. MONTH D		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN HEM 18 PART	1 OR PART 2)	
= /	Š	(IF EITHER, NOTIFY MED			.M. OF INJURY	19	211 LOCATION				
o o	MEDICAL	21d. INJURY OCCUR	HILE		REET, FACTORY, OFFICE, I	FARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STAT
0				tal) attended t	no decensed lane	April	2 10 84	May 2	9 10	84	that 🍂 (we)
5		220.1 certify that the saw the decease	ad alive an	May 2	9		nd that in (my) (aur) apinion	, 10			
7		above, (1) (we) (				04.0	no mor m (nX) (our) opinion	death occurred on the d	OTE ONG HOUT OF	nom the	couses store
He He		226 SIGNATURE	1/	/	1/		DEGREE			22c. DATE	SIGNED
-		Mich	me.	10	Hyle	,		MEDICAL STA		8/6	189
- -			A AAC	D ODINIT!			22e ADDRESS			-	
Z		27d. PHYSICIAN'S N	AME (TYPE O	RPRINT)	- / )						
APORTANT		MICH PHYSICIAN'S N	DE	1 8.	HY/E	m)	c/o Maryla	n General H	ospital		
MPORTANT.	23o E	17.6. PHYSICIAN'S N	DE	236 DATE	144/E	NAME OF (	c/o Maryla	23d LOCATION			
MPORTANT	23o E	Mich	DE	1 8.	144/E	NAME OF C				OUNTY	STAI
MPORTANT		MILL, CREMATION SPECIFY) BURI	DE	1 8.	144/E -84 K	NAME OF C	CEMETERY OR CREMATORY MEM PAR	23d LOCATION CITY OF TOWN  K BALTIN	MORE	OUNTY	STAI M
MPORTANT /	24 FI	Mich	PE/ REMOVAL AL	236 DATE 8-10	-84 KI	NG	CEMETERY OR CREMATORY  MEM-PAR  1250, DA	23d LOCATION	MORE	OUNTY	Mondal
Z		1774 PHYSICIAN'S N	AME TIMPED								



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the the should be detached for use as the buriol-transit permit. Then please remove corbanpapers. Pages 1 and 2 shauld be filled with the State Dept. at Health and Mental Hygiene priar to buriol, cremation, ar removal.

STATE OF MARYLAND

3/	1.	FOR - STATE REGISTRAR			CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	).	5 7	0
		CEASED NAME FIRST	1ey Alk	AHAYVIR	M	exclision	20 DATE OF DEATH	MONTH DAY	(= 0	26 HOUR M
)	3. SE	× Male	4. RACE	12	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT	YRS	UNDER I YEAR	IF UNDER 24 HRS
185		COUNTRY) VCI,	76 CITIZEN OF WHA		WIDOWE	D NEVER MARRIED DIVORCED DIVORCED DIVORCED	Bes Him	10re C	Ty	MD.
00	3	ITY OR TOWN OF DEATH  C. HIM BY C  AL RESIDENCE (IF NURSING HOME OR	(IF NOT IN SUCH FAC		DDRESS)	ove st	Type of work for most of		INDUSTRY	F BUSINESS OR
- Saussi b	-13a :	STATE 136 COUN		Bei Ho	1	13d. INSIDE CITY LIMITS? YES NO 1	13e.STREET ADDRESS		21216	°s+
5.00				Mack SOCIAL SECUE		FIRST	MIDDLE		Aciel's	619
ne medico		YES NO OR UNKNOWN)   I IF YES, GIV	E WAR OR DATES	SOCIAL SECU	RILY NO.	Glodys &				rove St
event, 11		18. CÁUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	y one couse per line D BY: E CAUSE (o)	SCHET	91C	HEART	DISEAS	E	BETWEEN	MATE INTERVAL ONSET AND DEATH
y, ar ather traumatic		Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS  (b)  DUE TO, OR AS  (c)  ONDITIONS CONTR	a Consequei	NCE OF	NOT RELATED TO THE TERM	iinal disease or cont	DITION GIVEN	IN PART 110	5
aws any injur	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	N FOR WHICH (	OPERATIO	n was performed	20e AUTOPSY?	20b IF YES, WIN CERTIFYIN	G CAUSES	IGS USED OF DEATH?
Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			Y YEAR	21c. HOW INJURY OCCURE		Y IN ITEM 18 PART	I OR PART 2)	
markedorl	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, F.		RM, ETC )	211 LOCATION STREET	CITY OR TO	YN.	COUNTY	STATE
n 21 is m		270. I certify that (I) (this hospit saw the deceased alive an above, (I) (we) (ska) (did no	8/	7 19	- (	nd that in (my) (per) opinion	death occurred on the do	te and hour or	nd from the c	
MPORTANT: If hem 21 is		27% SHOWAFURE	ay 2			ATTENDING PHYSICIAN (22e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC		8/2	9/84
IMPOR	730	Vijay Narayen,		173, N	AME OF C	3455 Wilkens	Ave. LL5 Ba	ilto.,M	d. 212	229
9		(SPECHY)	8/35/8	4 B	16	11/00 0	BOLY	MARRIA	OUNTY NO	STATE
4/83	24 F	UNERAL DIRECTOR	Zuns	3ADORESS	W 7	nouth co 250. DAT	6 3 1 1984	· 1	R'S SIGNATI	2

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DREASSD NAME	1 - :	FOR STATE REGISTRAR			PEPARTMENT OF					2 REG. NO	.)	A 1	
See	I. DEC	EASED NAM	E FIRST						20. DATE	KNOWN X	_	DAY YEAR	2b. HO
SEX   RACE     S DATE OF BIRTH	(TYPI	OR PRINT)	Rose			Ma	llinger		()E	ESTI.		34 19	
BRITHPIACE   STATE OF DEATH COUNTRY   MARRIED   NEVER MARRIED   Baltimore City   STATE OF COUNTRY OF DEATH BALTIMORE STATE BALTIMORE STATE BALTIMORE STATE BALTIMORE STATE STATE BALTIMORE STATE OF COUNTRY OF DEATH BALTIMORE STATE BALTIMORE S				MONTH DAY	YEAR LAST BIRTHO	ARS IF UND	ER 1 YR. IF U	NDER 24 HR	S. 2c. DATE	NCED	MONTH	DAY YEAR	2:1 P
NAME OF HOSPITAL, NUBSING HOME, OR OTHER INSTITUTION   170 ENGINE	FOI	PEIGN COUNTRY	STATE OR 7	CITIZEN OF WH	AT COUNTRY?	8. MARRIE			3	_	COUNTY		
FATHER'S NAME   MIDDLE   LIPSITZ   IS MOTHER'S MAIDEN NAME   MIDDLE   MID		Baltim	ore /	Univer:	Sity Hospi	tal	R INSTITUTION	12a U	SUAL OCCU	PATION (TYPE	OF WORK 12	OR INDUST LIBRA	JSINESS RY
TREAT OF THE SECOND   STATE   THE CONTRIBUTION   THE SECOND   THE SE	JSUA 30 SI	L RESIDENCE	VANIA ALLE	OTHER INSTITUTION, GIVI GHENY	PITTSBURGE	1	3d INSIDECITY LIN	MITS? 13e.S	IREET ADDRE	GHTMAN	ST.	#1521	19
The content of the significant conditions (onling under lying cause last)   The condition for which operation was performed?   The content of the significant conditions in the spart of the significant conditions on the significant conditions of the significant conditions of the significant conditions on the significant conditions of	4 FA			MIDDLE			ET	THEL	^			VN EAST	
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a). Arteriosclerotic Cardiovascular Disease  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate couse (a) stating the under- lying couse last.  (c)  PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAE DISEASE OR CONDITION GIVEN IN PART 1 (a).  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  114 INJURY OCCURRED 115 INDEX OF DISTANCE OF INJURY AND MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19  216. PLACE OF INJURY IAT HOME. 2171. LOCATION STREET, FACTORY, FARM, ETC.)  218. PLACE OF INJURY AND STREET, FACTORY, FARM, ETC.)  219. Location On Inspection On Inspe	(YE	5 NO. OR UNKNO										21 23	0
AT WORK AT WORK  278   Certify that I taok charge of the remains described obave, held an Autopsy , Inspection . Inquiry X, and in my opinion death resulted from: Notural causes X. Accident , Suicide , Homicide . Undetermined manner .  TITLE (SPECIFY)  ACTUAL  SIGNATURE	NO	gove ri cause (o <u>lying</u> cau	ise to immediate ) stating the <u>under-</u> use last.	DUE TO, OR /			DR CONDITION GIVE	EN IN PART 1 (a).					
AT WORK  AT WORK  270   Certify that I taok charge of the remains described obave, held an Autopsy   , Inspection   . Inquiry   X   , and in my opinion death resulted from: Notural couses   X   Accident   , Suicide   , Homicide   , Undetermined manner   , TITLE (SPECIFY)  ACTUAL SIGNATURE  DATE   SIGNED   SI	IFICATI	19a. DATE OF	FOPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION WA	S PERFORMED	)?				20 AUTOPSY	
AT WORK  220 I certify that I took charge of the remains described obove, held an Autopsy , Inspection , Inquiry X, and in my opinion death resulted from: Notural couses X. Accident , Suicide , Homicide , Undetermined manner , TITLE (SPECIFY)  ACTUAL SIGNATURE  DATE SIGNED 8/2/8.	CAL CERT	UNDERLYING	G DOR	HOUR A.M.	MONTH DAY YEA		W INJURY OCC	CURRED (ENT	ER NATURE OF IN	JURY IN ITEM 18 P	ART I OR PART		
22a. I certify that I took charge of the remains described obave, held an Autopsy , Inspection . Inquiry X, and in my opinion death resulted from: Notural couses X. Accident . Suicide . Homicide . Undetermined manner .  ACTUAL SIGNATURE . M.D. ASSISTANT MEDICAL EXAMINER . SIGNED 8/2/8.	MEDI	21d INJURY C	NOT WHILE AT WORK						CITY OR TO	JWN	COUN	itγ	STA
(TYPE OR PRINT) Margarita A. Korell, M.D. ADDRESS 111 Penn St., Balto., Md. 2120		220 I certi death result ACTUAL SIGNATURE,	ofy that I taok charge of the from: Notural	couses X.	Accident D. Su	vicide ,	Homicide TITLE (SPECI ). Assist	D. Und IFY) tant M l Penn	EDICAL EXAM	anner .	DATE SIGNED	8/2/84	
236 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY POALE ZEDECK MEM. PARK RICHLAND TWNSP. ALLEGHES ALLEGHES ALLEGHES ALLEGHES ALLEGHES BROS., INC.	RÉ	MOVAL/	BURIAL AU	G.5,1984	POALE ZI	EDECK	MEM. PA	ARK RIC	CHLAND	TWNSP.	• ALI	LEGHENY	P.

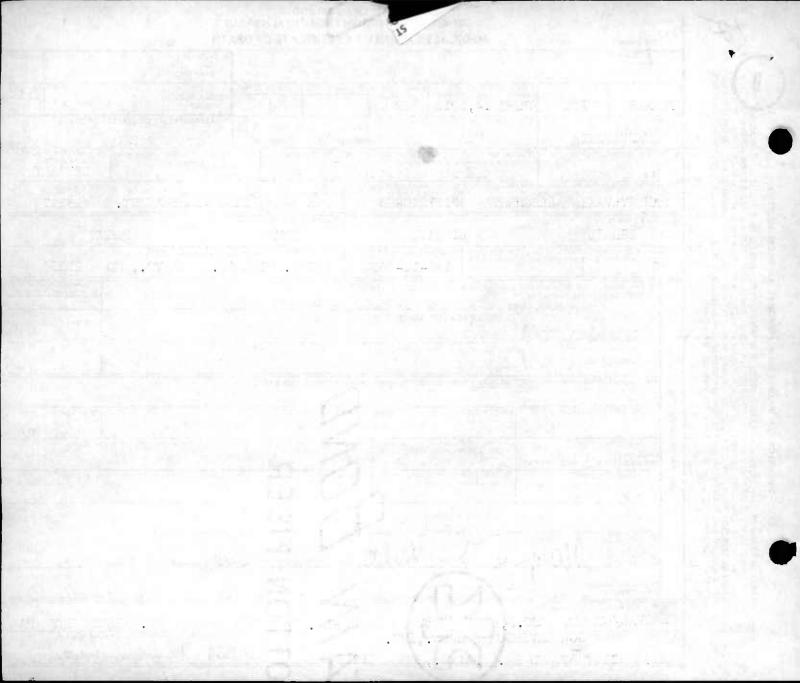
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(VR A15 ME (5)) 20M 4/82



VIESSEMAN STANISLAUS K. MANGER 1212 BERKWOOD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? NO X 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 23 COUNTY STATE and in my opinion 8-12-84 111 Penn St., Balto., Md. 21201 M BALTTMODS

150. DATE REC'D. BY REGISTRAY 175 REGISTRAY'S SIGNATURE M. FUNERAL DIRECTOR ha Davidson-Randelle

STATE OF MARYLAND

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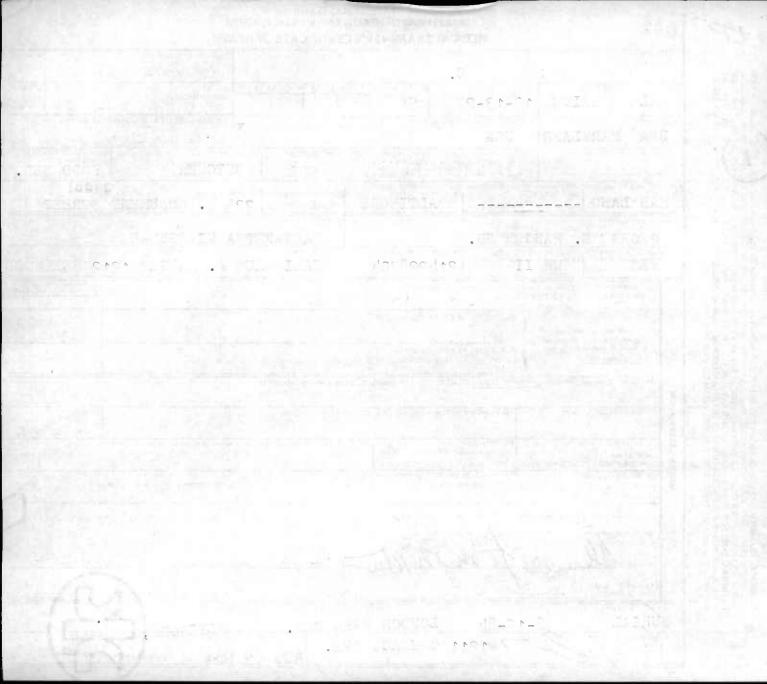
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**DHMH - 17** (VR A15 ME (5)) 20M 4/82



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DEPARTMENT OF HEALTH AND MENTAL HYGENE  CERTIFICATE OF DEATH  REG. NO.  1. DECEASED NAME FIRST MIDDLE LAST  COUNTRY)  To. DATE OF DEATH MONTH DAY YEAR 150 HOLDS  MANIS  S. SEX  4. RACE  White  White  May  1. DATE OF DEATH MONTH DAY YEAR 150 HOLDS  MARRIED DAYS  MONTH DAY  MO	20 M 24 HRS M IN.
REGISTRAR  1. DECEASED NAME FIRST MIDDLE LAST PROBLEM PRINTING FOR PRINTING PARTY OF DEATH REG. NO.  1. DECEASED NAME FIRST MIDDLE LAST PROBLEM PRINTING PARTY PEAR PARTY PEAR PRINTING PARTY PEAR PRINTING PARTY PEAR PARTY PEAR PRINTING PARTY PEAR PARTY	20 M 24 HRS M IN.
C J Manis  3. SEX  4. RACE  5. DATE OF BIRTH  MAY  10. CITIZEN OF WHAT COUNTRY?  8 MARRIED   NEVER MARRIED   N	20 M 24 HRS M IN.
C J Manis  3. SEX  4. RACE  5. DATE OF BIRTH  MAY  10 1928  MARRIED DAY  MAY  10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  Baltimore  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  Baltimore  St. Agnes Hospital  USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  13a STATE  13a STATE  13a COUNTY  MARYLAND  13a CITY OR TOWN  MARYLAND  13a CITY OR TOWN  MARYLAND  13a CITY OR TOWN  MARYLAND  13a STATE  13a COUNTY  MARYLAND  MODIE  MARYLAND  13a CITY OR TOWN  MARYLAND  13a STATE  13a COUNTY  MARYLAND  MODIE  MARYLAND  MARYLAND  MODIE  MOD	MD. SS OR
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Tennessee U.S.A. WIDOWED DIVORCED XX Baltimore City  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE SIREE ADDRESS)  12. USUAL OCCUPATION (IPPE OF WORK FOR MOST OF WORKING LIFE) (INDUSTRY KOPPER'S COPE ADMISSION) (IS NOT IN SUCH FACILITY, GIVE SIREE ADDRESS)  13. STATE  13. STATE  13. COUNTY  13. CITY OR TOWN  13. CITY OR TOWN  13. STATE  13. STATE  13. COUNTY  13. STATE  13. COUNTY  13. STATE  13. COUNTY  13. STATE  13. S	28
Baltimore   St. Agnes   Hospital   Trades   Helper   Koppers   Coppers   Trades   Helper   Koppers   Coppers   Coppe	28
13a STATE   13a	
Maryland Baltimore Catonsville YES NOW 708 Frederick Road 212    Maryland Baltimore Catonsville   YES NOW	
Prayor Mode Press Peters Peters	
Prayor Manis Ellen Peters	
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 708 "Frederick Road"	
yes Korea 413/36/9737 Tammy Ellen Manis Catonsville, MD 212	
18 CAUSE OF DEATH IEnter only one couse per Jae for Iol, Ibi, and Icl.  PART I. DEATH WAS CAUSED BY:  Cloude gastments at and famous decouse.	DEATH
PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Claute gastraintestinal hemorology	
DUE TO, OR AS ACONSEQUENCE OF	
Conditions, if ony, which (b) Quodend where	
Couse Io), storing the DUE TO, OR AS A CONSEQUENCE OF	4.4
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2 1 100 DATE OF OPERATION AND CONDITION FOR WHICH OPERATION WAS PERFORM 200 AUTOPSY? 1206 IF YES, WERE FINDINGS USE	,
THE ACT OF DEATH OF THE PROPERTY OF	H?
216. ACCIDENT WAS UNDERLYING 216. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY PART 1 OR PART 2)	
ZE EZ T I LONGONISHING DE CAUSE OF DEATH L HOUR A.M. MONITO DAT TEAK L	
S & S & S & S & S & S & S & S & S & S &	TATE
WHILE NOT WHILE AT WORK AT WORK AT WORK	ATL
22a   certify that (1) (this hospital) attended the deceased from 1984, to 1984, that (1)	e) ast
sow the deceased alive on obove (ii) we) (did) (did not) view the body after death.	ted
22. DATE SIGNATURE DEGREE 22. DATE SIGNED	
Julian Quelen On D ATTENDING MEDICAL STAFF 8/2/84	
224 PHYSICIAN'S NAME (IVOE OR PRINT)	
122d. PHYSICIAN'S NAME (TYPE OR PRINT)  WITH HIS DO ST A GREEN MD  122d. PHYSICIAN'S NAME (TYPE OR PRINT)  O ST Agree Hospital  O ST AGREEN  O ST AG	
23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY	ATE
BP Rurial 8/ /8/ Hawkins Mem. Gdn. Rogersville Hawkins Mem.	N
DHMH - 16 50M 4/83 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	
(VRA 15, 4) SIACK Funeral Home Ellicott City, MD 210A G 9 804	

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DEPARTME

NT	OF	HE/	LTH	AND	MENTAL	HYGIENE	6
CE	RTI	FIC	ATE	OF	DEATH		

1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG	NO.		
	CEASED NAME E OR PRINT)	ANUEL		AIDDLE	MA	NNING	20. DATE OF DEATI	MONTH D	YEAR YEAR	26 HOUR A
3. SE:	* M		BLACK		5. DATE O	40 0	6. AGE (IN YEARS LAS	YRS.	IF UNDER TYEAR	IF UNDER 24 HRS
V .	RTHPLACE ISTATE OR I COUNTRY ALABAMA -		US	WHAT COUNTRY?	B. MARRIED WIDOWE	D DIVORCED	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	MD.
3	BACTIME	OREJ 11.		HOSPITAL, NURSIN		ARYLAND	MUNICIPA	ST OF WORKING LIFE	HIGH	WAY DEPT.
	AL RESIDENCE (IF NURS	136 COUNTY	ER INSTITUTION HESTER	13 CITY OR TOW	ADMISSIONI ESTE	130 INSIDE CHY LIMITS?	EMPLOYER 13. STREET ADDRE 30 OAK S	SEZEP CODE	PORT   10573	CHESTER 1999
	JAMES	THOMA	S /	MANNI		15. MOTHER'S MAIDEN NAM	MIDDL	100	UES"	st
	WAS DECEASED EVER WES NO OR UNKNOWN) YES	UNKNO	R OR DATEST	166, SOCIAL SECU 417-22-5		RUSSELL J. S		AL HOME	PORT	HESTER CHESTER
	PART I. DEATH W	'AS CAUSEĎ B IMMEDIATE C	Y. AUSE (o)	SUBARA  AS A CONSEOUR  BASIL	ACHNO ENCE OF	OFD HEMORI		vm	9	ONSET AND DEATH.N.
	gave rise to immoduse (a), stating underlying cause  PART 2 OTHER SIGN	lost.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERMI	INAL DISEASE OR C	ONDITION GIVE	EN IN PART 1	10
CERTIFICATION	ACI			TION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	CERTIFY	, WERE FINDI	
	210. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	216. TIME O HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18 PA	ART T OR PART 2)	
MEDICAL	WHILE NOLWHAT WORK	OLE	(AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITYC	R TOWN	COUNTY	STATE
	22a.1 certify that (1) saw the decease above, (1) (we) (	ed alive on		19		nd that in (my) (our) apinion o				that (It (we) last couses stated
	226 SIGNATURE	vy C	rrad	ww	ш	DEGREE  ATTENDING PHYSICIAN		STAFF YSICIAN		SIGNED - 11-84
	22d. PHYSICIAN'S W	AME Tippe on PR				22 S. Green	ne St. 6	Baltin	ine 1	mo

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If he

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and co

230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY)
REMOVAL/BURIAL 08 -

23c NAME OF CEMETERY OR CREMATORY

RYE WESTCHESTER N.Y.

CD BY REGISTRAR AS PEGISTRAR'S SIGNAURE

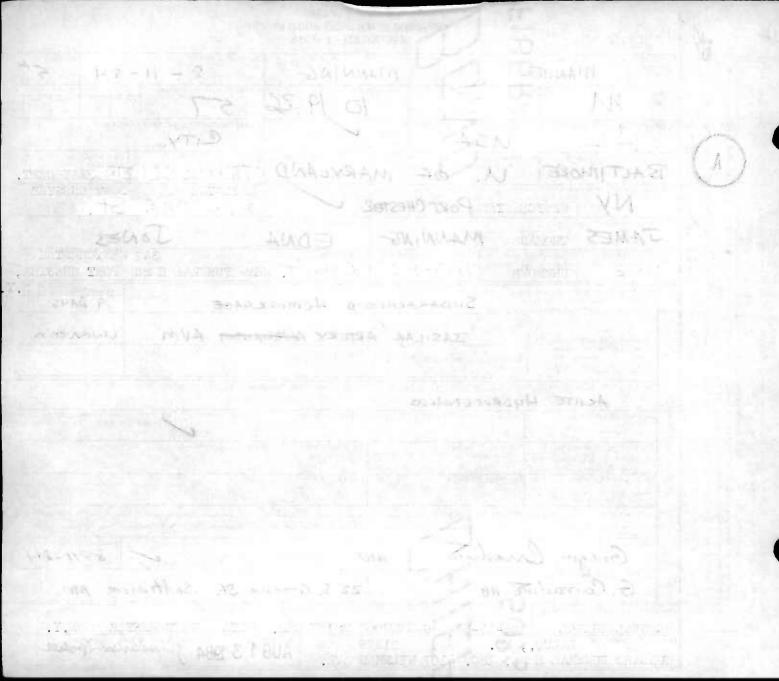
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STATE

08-15-84

GREENWOOD UNION CEM 21229

74 FUNERAL DIRECTOR BALTO., MD.
HUBBARD FUNERAL HOME, INC. 21229 4107 WILKENS AVE.



BP\_\_\_\_\_ DHMH - 17 (VR A15 ME (5))

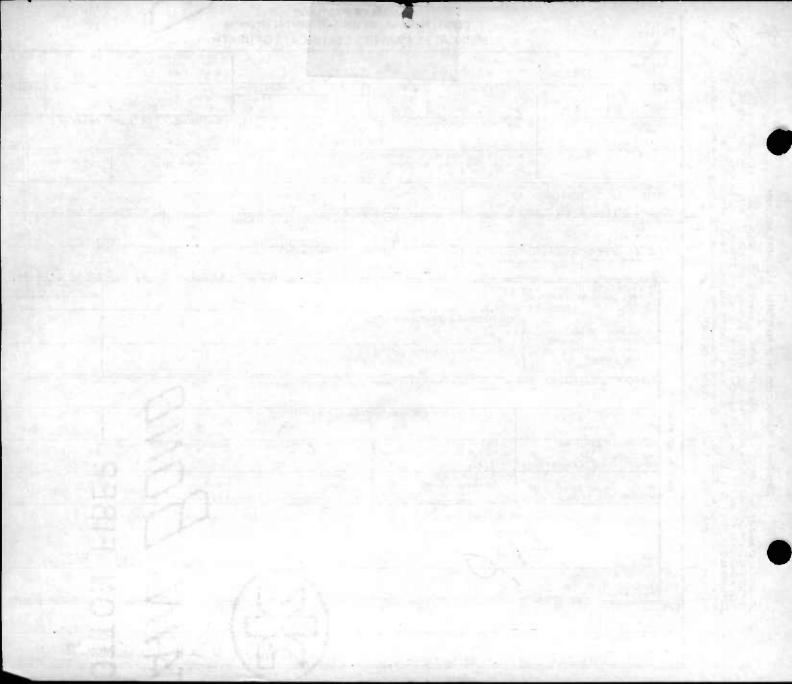
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FOR - STATE

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TH AND MENTAL HYGIENE

	REGISTRAR		77124	NONE EXAMINA	ER J C	-KIIII	MIL C	, DE		REG.	NO.			
	CEASED NAME	W.	2	WIDDLE		AST			2a. DATE OF	ESTI-	_ 0		DAY YEAR	2b. HOUR
	NO.	*NIChae		hael		chant				MATED		/3/8	19	М
3. SE)	(	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDAY			HOURS	24 HRS.	20 DATE				DAY YEAR	14:29
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7a B1	RTHPLACE 151	ATE OR	76 CITIZEN OF WH	AT COUNTRY?	8. MARRIE	D NEV	ER MARR	IED 🔀	9 BALTIM	ORE CIT	Y OR CO	DUNTY	OF DEATH	
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110 CI	TY OR TOWN		JIF NOT IN SUCH FAC	PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS)				FOR	MAL OCCU	RKING LIFE)	TYPE OF W	VORK 12b	OR INDUST	
	Baltim			ity Hospita		ck Tr	auma	Stu	iden t	-			2	,
	AL RESIDENCE TATE	(IF IN NURSING HOME OF		13c. CITY OR TOWN		3d INSIDE CIT	Y LIMITS?	13e STR	EET ADDRE	ESS		XI	1106	0
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/	THER'S NAME		MIDDLE	LAST		15. MOTHEI	R'S MAID	EN NAME		AIDDLE	15		LAST	
	illian			Marchant		Kar	en	re-	F			Panu	ıska	
	VAS DECEASEI ES, NO, OR UNKNO	DEVER IN U.S. ARM		166. SOCIAL SECURITY		7. INFORM	ANT			ADDRI	ESS			
n	0			216-86-16	671	Mrs.	Ka	ren	Newb	err	ev.F	Reis	telle	town.
	18. CAUSE O	F DEATH (Enter only ATH WAS CAUSED	y ane couse per line	far (o), (b), and (c).)									APPROXIMAT SETWEEN ONSE	
	PARTIDE		E CAUSE (o)	Gunsh	ot Wo	ound t	to Ab	dome:	n					
10			DUE TO, OR	AS A CONSEQUENCE O	OF .									
		ns, if ony, which	45											
		e ta immediate	DUE TO, OR	AS A CONSEQUENCE O	)F									
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100	PART 2 OTHER SI	GNIFICANT CONDITIONS C	ONTENDITING TO DEATH 8	BUT NOT RELATED TO THE TERMI	NAI DICEACE I	OP COMOLTION	CIVEN IN P	IRT 1 (a)						
Z						0 X C0110111011	OHEN III I	- A - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						
CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPERA	ATION WA	SPERFORA	MED?	-	_	-		1:	20 AUTOPSY	?
FFC													YES [X]	NO 🗆
		L CAUSE WAS	216. TIME OF		21c HO	W INJURY	OCCURRI	D LENTER	NATURE OF IN	JURY IN ITEM	A 18 PART 1	OR PART 2)		110 🗀
N N	UNDERLYING	OR NG CAUSE OF D	EATH 3:25P.M.	MONTH DAY YEAR 8/2/849		ect s	shot							
MEDICAL	214 INTURY C	CCURRED	21e PLACE C	OF INJURY LATHOME,	21f LOC	ATION					200			
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	SIGNATURE_	-	1		M.E	_ASS	ilsta	DEMED	HCAL EXAM	AINER	58	GNED_	0/ 5/ 0	C-16
	EXAMINER'S	NAME CINCO	own D Ko	iffman N C			111	Donn	CT	D-14	la a	312	21201	
22 0	(TYPE OR PRIN			uffman, M.D		DDRESS				Ball	.0.,	MO.	21201	
(5	PECIFY)	ION, REMOVAL 23		23c. NAME OF CEM				Z3d LC	ORTOWN			COUNTY	S	TATE
	urial UNERAL DIREC		-6-84	Baltimo	re (	emet	ery	Ba	ltim	ore	ECISTP 4	D'C CIC	Md.	
	NAME		ADDRESS			1	A. DATE	ÜĞ	6 19	84	whia L	Tour J.	-A-Prend	1000
LL.	line F	uneral	Home. Ha	ampstead.	Md 2	1074		100	- N	17	mark	out at	Dia-1/2-10	



20M 4/82

# STATE OF MARYLAND

1.	FOR STATE	DEPARTMENT OF	ATE OF MARYLAND HEALTH AND MENTAL H	/) "	5 9 6
	REGISTRAR		NER'S CERTIFICATE O	KLO. NO	
	CEASED NAME FIRST	WIDDLE	LAST	70. DATE KNOWN ESTI-	
	JAMES		MARKS SR		8 12 19 84
3. SE	Ale Black	5 DATE OF BIRTH MONTH DAY YEAR 1 - 14 - 32 52	DAY) MONTHS DAYS HOURS	MIN PRONOUNCED DE AD	8 12 19 84 11:0
10 B	IRTHPLACE (STATE OR DREIGN COUNTRY)  WAS WICK G, VA	U.S.A.	MARRIED NEVER MARRI WIDOWED DIVORCI	ED 🔲 🗕 🥫	City M
	altimore	II. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Union Memorial Hos		120. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	OF WORK 126 KIND OF BUSINESS OR INDUSTRY
	AL RESIDENCE (IF IN NURSING HOME OF TATE 13b. COUNTY	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	13d INSIDE CITY LIMITS?	136 STREET ADDRESS HON	St. Md. 21218
14. F.	Vicholas	MANK S	15. MOTHER'S MAIDE Zera	MIDDLE	Nollie
	VAS DECEASED EVER IN U.S. ARA (ES, NO, ORUMNOWN) (IF YES, GIVE Y	ALL D. OR D. 1255)	17 NO. 17 INFORMANT 271 Thelma	MAVKS	
Z	Canditions, if any, which gove rise to immediate cause (o) stating the <u>underlying cause lost</u> .  PART 2 OTHER SIGNIFICANT CONDITIONS	(b)  DUE TO, OR AS A CONSEQUENCE  (c)  CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	OF	ξ <b>Τ</b> Ι 1σ.	
MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20 AUTOPSY?  YES NOX
CAL CER	210 EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF E	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA DEATH P.M. 19	21c. HOW INJURY OCCURRED	D LENTER NATURE OF INJURY IN ITEM 18 P	'ART I OR PART 2}
MEDI	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	The state of the s	is Khuyh d	Autopsy , Inspection vicide , Homicide , TITLE ISPECIFY ASSISTANT	Undetermined manner ,	DATE 8-13-84 Md. 21201
23a.B	URIAL, CREMATION, REMOVAL 2		METERY OR CREMATORY	23d LOCATION WATER TOWNS	COUNTY STATES
24 F	UNERAL DIRECTOR	2639 h. Buc	duray AUC	REC'D. BY REGISTRAR 25th REGIS	

MAN LOUIS 1-14-75 SEE MALTINOVE - 1999 HEY WITH MALTINE AME YEAR Merks III Especia SHIPSON IN - AMARA - MAN DATE I TRANSPORTED BENEFIELD WITH A BUILDIE THAT MESS Any in a work personal field where we

## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4 - STATE REGISTRAR

CERTIFICATE OF DEATH	REG. NO.		
LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
UES	AUGUST 10,	1984	5:15 PM
5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER I YEAR	IF UNDER 24 HRS
MONTH DAY YEAR		MONTHS DAYS	HOURS MIN.

-×	1. 10/10/6	J. DAIL O	DIKTIT
Female	White	oct.	22, 1906
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	

MIDDLE

MARC

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

THE JOHNS HOPKINS

**BALTIMORE CITY OR COUNTY OF DEATH** 

Housewife

13e STREET ADDRESS / ZIP CODE

Michigan O CITY OR TOWN OF DEATH

FRANCES

DECEASED NAME

(TYPE OR PRINT)

MARRIED NEVER MARRIED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

BALTIMORE CITY 12a USUAL OCCUPATION LIYPE OF WORK FOR MOST OF WORKING LIFES

17b. KIND OF BUSINESS OR

E	A	L	Τ	I	M	OF	Œ
15.3	4.1	DE	CI	DE	110		has de a

Maryland

ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

A

Manchester

13d. INSIDE CITY LIMITS? YES 🔀 NO [ 15. MOTHER'S MAIDEN NAME

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

ATTENDING

Dominica

HOSPITAL

3201 Warehime Rd. MIDDLE

14 FATHER'S NAME

Peter

Wrotnowski 16b SOCIAL SECURITY NO

17. INFORMANT

ADDRESS

Wysocki

(YES, NO OR UNKNOWN) No

The WAS DECEASED EVER IN U.S. ARMED FORCES?

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

214-50-2908

Frances Calhoun, same as 13e

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate couse (0), stoting underlying couse lost.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

CERTIFICATION

19n DATE OF OPERATION

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY?

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?

STATE

71d INJURY OCCURRED AT WORK NOT WHILE 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) 211 LOCATION CITY OF TOWN COUNTY

22a | certify that (1) (this haspital) attended the deceased from sow the deceased alive on HVA 10 above, (I) (ige) (did) (did not) view the body after death

23a BURIAL, CREMATION, REMOVAL

226. SIGNATUR

TUO DEGREE

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

77e ADDRESS JOHNS

STAFF

DHMH - 16 50M 4/83

(VRA 15, 4)

MPORTANT:

Cremation

8/11/'84

Jan

23b DATE

23c NAME OF CEMETERY OR CREMATORY Westview Mem. Park

23d LOCATION

MEDICAL

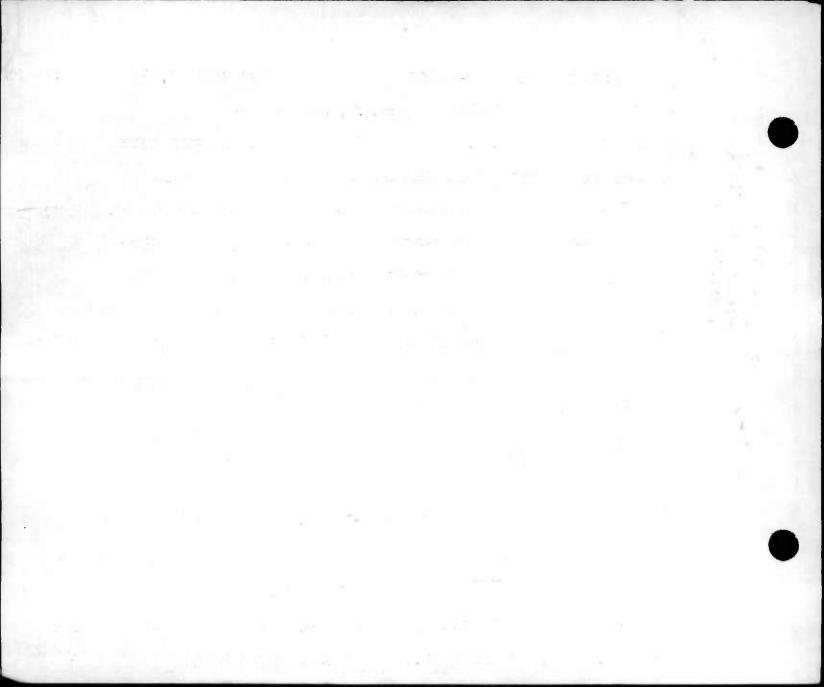
PHYSICIAN DIRECTOR PHYSICIAN

Baltimore, Maryland

24 FUNERAL DIRECTOR

George J. Gonce, 4001 Ritchie Hg., Baltimore, Md.

REGISTRAR'S SIGNATURE (21225)

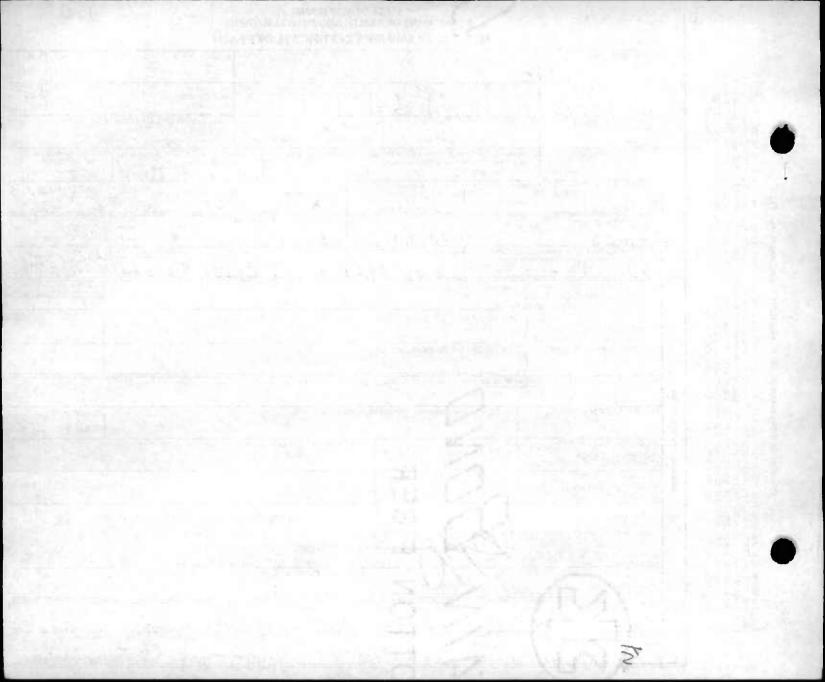


20M 4/B2

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	MEDICAL EXA	MINER'S CERTIFICATE OF	DEATH REG. NO	0.
	CEASED NAME FIRST	WIDDLE	LAST	20 DATE KNOWN OF ESTI-	MONTH DAY YEAR 76. HO
1	Charl	ie	Marshall	DEATH MATED	8/25/849
3. SEX	TALE NEGRO		(INYEARS IF UNDER 1 YR. IF UNDER 2. BIRTHDAY) MONTHS DAYS HOURS	4 HRS 2c. DATE MIN. PRONOUNCED DEAD	MONTH DAY YEAR TOHO
7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	- 9 BALTIMORE CITY O	8/25/849 P
IB CI	TY OR TOWN OF DEATH	16.5.14.	WIDOWED DIVORCED	Daitinor	
	Baltimore		ester St.	FOR MOST OF WORKING LIFE)	Red 17th KIND OF BUSINESS OR INDUSTRY
13a. S		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A		3e STREET ADDRESS	ester ST.
14. F/	ATHER'S NAME	MIDDLE LAST /	15. MOTHER'S MAIDEN	NAME	7241
-	JAMCS	MARSH	All Lucy		torKs
	VAS DECEASED EVER IN U.S., ARI ES. NO. OR UNKNOWN) (IF YES, GIVE	WED FORCES? WAR OR DATES)  16b. SOCIAL SE  217-1	CURITY NO. 17. INFORMANT	Rosci Mars	£ 21213 St
Z	couse (a) stating the <u>under-lying</u> cause last.  PART 2 OTHER SIGNIFICANI CONDITIONS	DUE TO, OR AS A CONSEQUE  (c)  CONTRIBUTING TO GEATH BUT NOT RELATED TO T	NCE OF  HE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1 (a).	
CERTIFICATION	198. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20. AUTOPSY?
CAL CERTI	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY DEATH P.M.	YEAR	(ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
MEDICAL	714. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)	OME, 21f. LOCATION STREET	CITY OR TOWN	COUNTY STAT
		ral causes Accident .	Suicide , Hamicide ,	Undetermined manner,	nd in my apinian
	ACTUAL SIGNATURE	2/1	M.D. Assistant	MEDICAL EXAMINER	DATE SIGNED 8/26/84
73a P	EXAMINER'S NAME (TYPE OR PRINT) Gr	eogry R. Kuaffman	, M.D. ADDRESS 111	Penn St.	
1	URIA UNERAL DIRECTOR	8/31/84 Eben	EZER BAPT. Chur.	BWKING AA	n County V.
1	NAME. TE FUNDAIN	Home 11291	CAPAL'NE CE FAI	10 0 7 400 Au	Sia Davidson Rando 00



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medical

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ld b MPORT

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	64
CERTIFICATE OF DEATH	

FOR - STATE REGISTRAR REG, NO 1. DECEASED NAME FIRST LAST 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) (M.) H. FURFACE MARSHALL 26 (Floss 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 3. SEX 4. RACE NEGRO MONTH DAY YEAR PEMALE 1920 20 CY To. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED . NEVER MARRIED USA BALDMONE CITY WIDOWED DIVORCED Marvland 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BAUTMONE NUZTH CHARLES CENSING HOVITH USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21215 136 COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Violet Ave. 2501 707 North Marvland Baltimore 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE JMES THOMPSON Lillian Thompson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Apt.B3 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-22-6595 Warren Thompson 2 Breton Hill Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: MYOCHDIAL INFRICTION IMMEDIATE CAUSE (o) CONSEQUENCE OF AWITHMA Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION CVA 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NOF YES [ 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH P.M 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK

sow the deceased alive or 226 SIGNATURE 22d. PHYSICIAN'S NAME ITYPE OR HUNT

LEBION

of oftended the deceased from

23b DATE

8/31/84

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ATTENDING

PHYSICIAN

DEGREE

23d LOCATION

MEDICAL

and that in (my) touch opinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL BURIAL

22a I certify that (1) (this

Mount Auburn Cem.

CITY OR TOWN Baltimore

COUNTY STATE

22c. DATE SIGNED

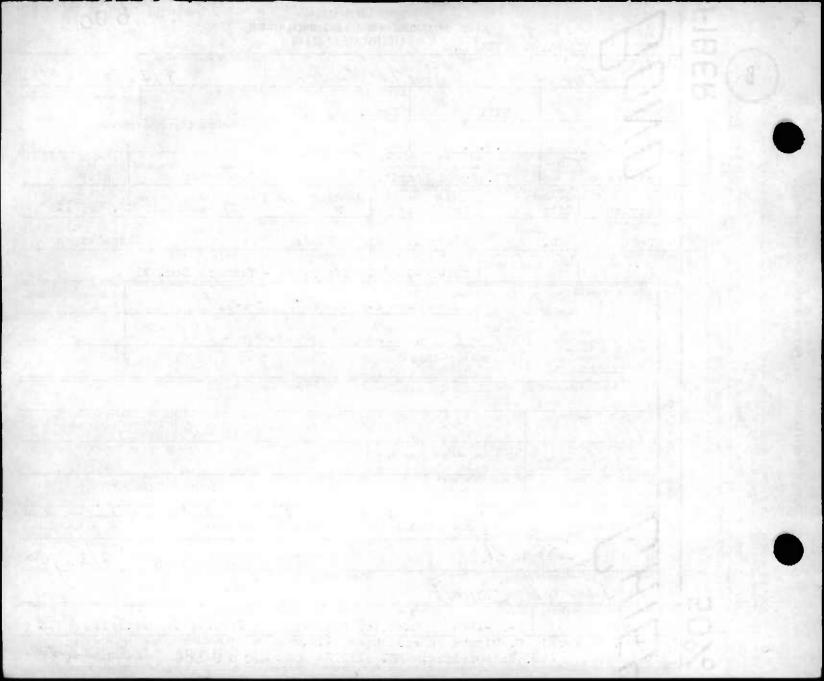
24 FUNERAL DIRECTOR DHMH - 16 50M 4/82

(VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SEIGHS HORE Wm C March F/H. Inc. 1101 E North Avenue

Selection of the Committee of the Commit

	1-	STATE REGISTRAR TI	HEORA	MARSTEL	LER		EALTH AND MENTAL HY ICATE OF DEATH		REG. NO.		
1		CEASED NAME	FIRST		NIDDLE	Mar	steller	2a. DATE OF D	EATH MON	/26/8	74 6
	3. SE			4 RACE	75 30 1	5. DATE C		6 AGE (IN YEA	RS LAST BIRTHDAN	IF UNDER	
2		FEMALE		WHITE		Sep	t. 14, 1899	84		YRS.	DATS HOURS
Poc e		70 BIRTHPLACE (STATE OF FOREIGN		THE CITIZEN OF WHAT COUNTRY?		8.	D NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEAT			TH
2 :33		Marvland		U.S.	Α.	WIDOWE		CITY			
within within		ITY OR TOWN OF DEA	TH	11. NAME OF H		NG HOME C	OR OTHER INSTITUTION	120 USUAL OC			IND OF BUSI
P 46	1	Baltimore			Agnes Ho		1	Inspec			airy
9 9	USU.	AL RESIDENCE (IF NURS	ING HOME OR		GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	In STREET AL	DDESS / 7ID	cone	
Paris Paris	1	Maryland	City		Baltimo		YES X NO	13e STREET AC 5027 V	Vesthil	lls Rd.	2122
2 sh		THER'S NAME					15 MOTHER'S MAIDEN N				
ond		John	н.	MIDDLE	Fletche	r	Ellie		MIDDLE	Shau	nbergen
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRESS		
Poges		YES, NO OR UNKNOWN)	(IF YES, GIVE	E WAR OR DATES)	219-20-	7684	Hilda Myers	- Same a	as Sec.	. 13	
emoval.		18 CAUSE OF DEATH PART I. DEATH W		E CAUSE (o)	line for 101, 161, of	4	puratoj	Anes	E		APPRÖXIMATE IN TWEEN ONSET A
rmit. Then please remove carbon popers: prior to buriol, cremation, or removal. ony injury, or other troumotic event, the	IFICATION	Conditions, if ony, gove rise to imm couse (0), statin underlying couse	which nediote g the lost.	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO	Inefor (0), (b), our constitution of the const	DEATH BUT	NOT RELATED TO THE TER	20a AUTOP	SY? 20b	DN GIVEN IN P	art Ito Findings us auses of de
permit. Then please remove carbon popers: ene prior to buriol, cremation, or removal. ows any injury, or ather troumotic event, the	ERTIFICATION	Conditions, if any, gave rise to imm cause (a), statin underlying cause	which nediote g the lost.	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO	Inefactor, (b), of	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE (  200 AUTOP  YES   1	SY? 206 IN	DN GIVEN IN P	ART 1(0) FINDINGS US AUSES OF DE NO
ronsit permit. Then please remove carbon popers. Hygiene prior to buriol, cremation, or removal. Is shows any injury, or other troumotic event, the	AL CERTIFICATION	Conditions, if any, gave rise to imm cause (a), statin underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERAL  21a. ACCIDENT WAS UNE OR CONTRIBUTING CONTRIBUTIONS CONTRIBUTING CONTRIBUT	which nedicte g the lost.  NIFICANT C	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  196 CONDIT  TH. TIME OI  HOUR A./	Inefor (0), (b), out of the constant of the co	DEATH BUT	NOT RELATED TO THE TER N WAS PERFORMED	MINAL DISEASE (  200 AUTOP  YES   1	SY? 206 IN	DN GIVEN IN P	ART 1(0) FINDINGS US AUSES OF DE NO
rial-transit permit. Then please remove carban popers: entol Hygiene prior to burial, cremation, or removal. them 18 shows any injury, or ather traumatic event, the		Conditions, if any, gave rise to imm cause (o), statin underlying cause PART 2. OTHER SIGN 19a DATE OF OPERAL 21a. ACCIDENT WAS UND	which nediote g the lost.  VIFICANT C	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  196 CONDIT  TH. TIME OI  HOUR A./	AS A CONSEOU  TION FOR WHICH  FINJURY  M. MONTH D  A.	DEATH BUT	NOT RELATED TO THE TER  N WAS PERFORMED  21c. HOW INJURY OCCU	200 AUTOP YES TRED (ENTER NATU	SY? 20b	DN GIVEN IN P  IF YES, WERE CERTIFYING C  YES   TEM 18 PART 1 ORP	ART Ito FINDINGS US AUSES OF DE NO ART 2)
burial-transit permit. Then please remove carban popers. 3 Mental Hygiene prior to burial, crematian, or removal. or Item 18 shows any injury, or ather troumotic event, the	MEDICAL CERTIFICATION	Conditions, if any, gove rise to imm couse (a), statin underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERAL  21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETIMER, NOTIFY MEDIC  21d. INJURY OCCURE	which nediate g the lost.  WIFICANT C	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b CONDIT  HOUR A./  P./  21e PLACE (	AS A CONSEOU  TION FOR WHICH  FINJURY  M. MONTH D  A.	DEATH BUT  H OPERATIO  AY YEAR  19	NOT RELATED TO THE TER  N WAS PERFORMED  21c. HOW INJURY OCCU	200 AUTOP YES TRED (ENTER NATU	SY? 206 IN	DN GIVEN IN P	ART Ito FINDINGS US AUSES OF DE NO ART 2)
rial-transit permit. Then please remove carban popers: entol Hygiene prior to burial, cremation, or removal. them 18 shows any injury, or ather traumatic event, the		Conditions, if any, gave rise to imm cause (o), statin underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERAL  21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETIHER. NOTIFY MEDIC  21d. IN JURY OCCURR  WHILE NOTIFY MEDICAL CONTRIBUTION CITE OF C	which nediate g the lost.  VIFICANT C	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b CONDIT  TH  AND CONDITIONS CO  21b. TIME OI  HOUR A.A.  21e PLACE (  LAT HOME, STRI	R AS A CONSEOU  PAS A	DEATH BUT  H OPERATIO  AY YEAR  19	NOT RELATED TO THE TER  N WAS PERFORMED  21c. HOW INJURY OCCU	200 AUTOP YES TRED (ENTER NATU	SY? 20b	DN GIVEN IN P  IF YES, WERE CERTIFYING C  YES   TEM 18 PART 1 ORP	ART Ito FINDINGS US AUSES OF DE NO ART 2)
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for use as the burial-transit permit. Then please remove carbon popers of Health and Mental Hygiene prior to burial, cremation, or removal.  21 is marked or them 18 shows any injury, or ather traumotic event, the		Conditions, if any, gave rise to imm cause (o), statin underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UNE OR CONTRIBUTING CIFETHER NOTIFY MEDIC  21d. INJURY OCCUME AT WORK NOT WAS  22a.1 certify that (1)	which nediote g the lost.  WIFICANT C	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b COND!  TH  AUR A./  P./  21e PLACE ( (AT HOME, STR)	R AS A CONSEOU  R AS A CONSEOU	DEATH BUT H OPERATIO  AY YEAR 19 FARM. ETC.)	NOT RELATED TO THE TER  N WAS PERFORMED  21c. HOW INJURY OCCU  21l. LOCATION STREET	200 AUTOP YES TERRED (ENTER NATU	SY? 20h IN NO OF INJURY IN I	DN GIVEN IN P  I IF YES, WERE CERTIFYING C  YES   TEM 18 PART I OR P	ART Ito
oched for use as the burial-transit permit. Then please remove carban papers.  Dept. of fleoth and Mental Hygiene prior to burial, cremation, or removal. If them 21 is morked or them 18 shows any injury, or ather troumotic event, the		Conditions, if ony, gove rise to imm couse (o), storin underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERAL  21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTI	which nediote g the lost.  WIFICANT C	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b COND!  TH  AUR A./  P./  21e PLACE ( (AT HOME, STR)	R AS A CONSEOU  R AS A CONSEOU	DEATH BUT H OPERATIO  AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TER  N WAS PERFORMED  21c. HOW INJURY OCCU  21f. LOCATION STREET  2 2 19  and that in (my) (our) opinion DEGREE  ATTENDING	200 AUTOP YES TRRED (ENTER NATU	SY? 20h IN  RE OF INJURY IN T  CITY OR TOWN  on the date o	DN GIVEN IN P  LIFYES, WERE CERTIFYING C  YES   TEM 18 PART 1 ORP  COU	ART 1(0*  FINDINGS US  AUSES OF DE  NO  ART 2)  NIV  If that (II)  om the causes
oched for use as the burial-transit permit. Then please remove carban papers.  Dept. of fleoth and Mental Hygiene prior to burial, cremation, or removal. If them 21 is morked or them 18 shows any injury, or ather troumotic event, the		Conditions, if ony, gove rise to imm couse (o), storin underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERAL  21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTI	which nediate g the lost.  WIFICANT C  TION  DERIVING CAUSE OF DEA CALEXAMINER  RED  (this hospited of one of the control of t	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b CONDITIONS  THE OIL  ALL  21b TIME OIL  HOUR A./  P./  21e PLACE ( (AT HOME, STRI  1) view the body	R AS A CONSEOU  RAS A	DEATH BUT H OPERATIO  AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TER  N WAS PERFORMED  21t. HOW INJURY OCCU  21t. LOCATION STREET  2 2 19  and that in (my) (our) opinion DEGREE  ATTENDING	ANNAL DISEASE OF THE PRINCE OF	SY? 20h IN  RE OF INJURY IN T  CITY OR TOWN  on the date o	DN GIVEN IN P  LIFYES, WERE CERTIFYING C  YES   TEM 18 PART 1 ORP  COU	ART 1(0*  FINDINGS US  AUSES OF DE  NO  ART 2)  NIV  If that (II)  om the causes
oched for use as the burial-transit permit. Then please remove carban papers.  Dept. of fleoth and Mental Hygiene prior to burial, cremation, or removal. If them 21 is morked or them 18 shows any injury, or ather troumotic event, the		Conditions, if ony, gove rise to imm couse (0), storin underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING CURRING CONTRIBUTING CURRING AT WORK AT	which nediate g the lost.  WIFICANT C  TION  DERIVING CAUSE OF DEA CALEXAMINER  RED  (this hospited of one of the control of t	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b CONDIT  HOUR A./ HOUR A./ (AT HOME, STRI	R AS A CONSEOU  RAS A	DEATH BUT H OPERATIO  AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TER  N WAS PERFORMED  21c. HOW INJURY OCCU  21l. LOCATION STREET  22 , 19  and that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN	200 AUTOP YES TRRED (ENTER NATU	SY? 20h IN  RE OF INJURY IN T  CITY OR TOWN  on the date o	DN GIVEN IN P  LIFYES, WERE CERTIFYING C  YES   TEM 18 PART 1 ORP  COU	ART 1(0*  FINDINGS US  AUSES OF DE  NO  ART 2)  NIV  If that (II)  om the causes
sched for use as the burial-transit permit. Then please remove carban popers.  Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  I them 21 is marked or Item 18 shows any injury, or ather traumotic event, the	WEDICAL 230. E	Conditions, if ony, gove rise to imm couse (0), storin underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING CURRING CONTRIBUTING CURRING AT WORK AT	which nediate g the lost.  WIFICANT C  FION  WERLYING AUST OF DEA: CALEXAMINER)  WIFICANT C  WIFICANT	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b CONDIT  HOUR A./ HOUR A./ (AT HOME, STRI	Inne for 101, 161, 01  AAS A CONSEOU  THOM FOR WHICH  FINJURY  A. MONTH D  A. MONTH D  THOM FOR WHICH  FINJURY  A. MONTH D  A. MONTH D  THOM FOR WHICH  Get, FACTORY, OFFICE,  The deceosed from  The deceo	DEATH BUT H OPERATIO  AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TER  N WAS PERFORMED  21c. HOW INJURY OCCU  21l. LOCATION STREET  22 , 19  and that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN	RRED (ENTER NATU  MEDICAL  DIRECTOR  1234 LOCAT	SY? 20b IN  RE OF INJURY IN I  CITY OR TOWN  On the date o  STAFF  PHYSICIAN	DN GIVEN IN P  LIFYES, WERE CERTIFYING C  YES   TEM 18 PART 1 ORP  COU	ART 1(0 FINDINGS US AUSES OF DE NO ART 2)  NTY  That (It



# TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal. etoined by the haspital or attending physician.

injury, or ather traumatic event, the medical

IMPORTANT: If them 21 is marked at them 18 shaws any

# STATE OF MARYLAND

I	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	REG. NO			
ı	1. DEC	CEASED NAME FIRST	-	MIDDI E	i	AS1		MONTH DAT	YEAR	26 HOUR
ı		OR PRINT)			NA.	a+' 45		8 2	1 04	7000
ı		61eger	Y		100	ar line t	6 AGE (IN YEARS LAST BIR		UNDER TYEAR	# UNDER 1 HRS
1	3. SEX		RACE	. 1 .	5. DATE C		AGE (INTERMINATION		NTHS DAYS	HOURS MIN.
J		Male	W		5	9 03	01	YRS		
1		OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
ı		Spain	U.S.		WIDOWE		Baltimo	one	City	MD.
1	10 CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATI			F BUSINESS OR
		Baltimore		HEACILITY, GIVE STREET. Park Hos			Lanh ua & L	Teacher	INDUSTRY	
1		L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION				. 0 0			
1	13a. S	14 1	VTY	13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	0	1211
4	14 54	THER'S NAME		Palty	Nove	YES NO	12115 Cre	THOME	d	1211
1		FIRST	MIDDLE	IAST		FIRST	WIDDIE		LAST	T
1		nasco		lartinez		Vicenta				
ı		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS		
ı		No		350-10	-9229	Mrs. Sarah	Martinez -	Same a		
1		18 CAUSE OF DEATH (Enter or	ily one couse per	line for (a), (b), an	dicyl				BETWEEN	MATE INTERVAL ONSET AND DEATH
1		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0)	Cerels	ali	answeal)				
ı		MMEDIA								
ı		Conditions, if any, which	DUE TO, O	R AS A CONSEQUE	O A A	. + homes				
		gove rise to immediate	(b)			7201100				
ı		couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF	at A.	. 1 0			
ı			(c)	Cereno	$\sim$	army pr	arasy			
1	z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO !	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN	I IN PART Its	3
-	CERTIFICATION	None	The course		0.0000.000	NAME OF THE OWNER OWNER OF THE OWNER O	LasTORSV2	Ton 15 VEC 1	ALEDE EINIDIR	100.4650
1	ICA	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN NG CAUSES	
	RTIF						YES NO	YES		но 🗌
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		FINJURY M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	LY IN ITEM IS PAR	I OR PART 2}	
ľ	CAL	(IF EITHER NOTIEY MEDICAL EXAMINE		M	19					
1	MEDICAL	216 INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CITY OF TO	wn	COUNTY	STATE
ı	Σ	AT WORK AT WORK	(A) HOME, SIN	REEL, PACTORY OFFICE F	AHM FIC I	3,467				
ı		22a I certify that (I) (this hosp	ital) attended th	e deceased from_		. 19	to			that (I) (we) last
ı		sow the deceased alive on		19	. 01	nd that in (my) (our) opinion o	death occurred on the do	te and hour c	nd from the	couses stated
ı		obove, (1) (we) (did) (did no 22b, SIGNATURE	ot) view the body	ofter death.		DEGREE			22c DATE	SIGNED
		1 0	D. 10	M C	0	ATTENDING	MEDICAL STAF			
4		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	U IN	V	PHYSICIAN [	DIRECTOR PHYSIC	IAN	1	
		C C	01+1	<b>A</b>		7/00 111	0	VN	٨	
		Sean	001	1		12100 m	rman Far	V DI	1	
		URIAL, CREMATION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	, i	Removal	8/2	7/84						

DHMH - 16 50M 4/83 (VRA 15, 4)

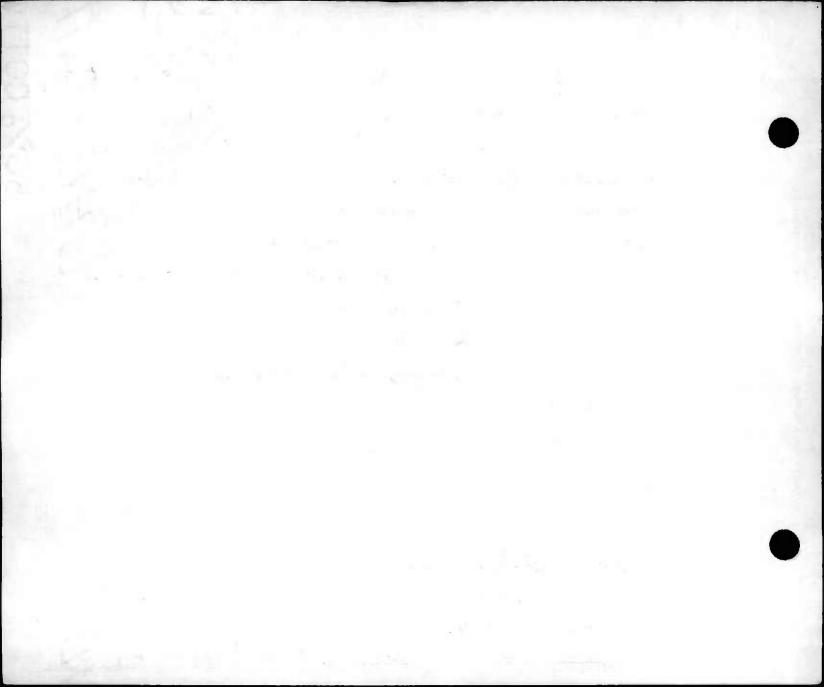
TO HOSPITAL

24 FUNERAL DIRECTOR Anatomy Board

Balto., Md.

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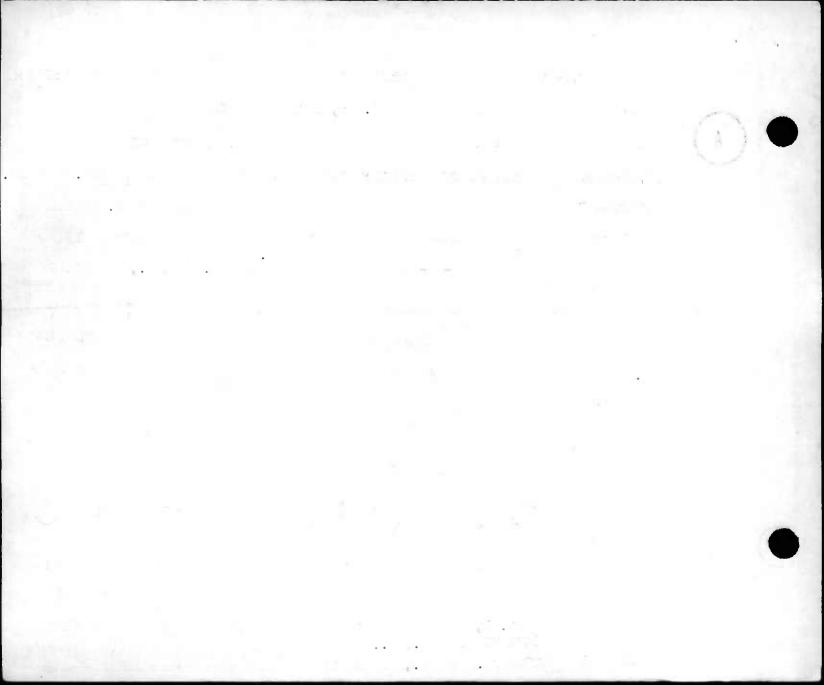
requires that the death certificate be executed within 24 hours after death.

ı	FOR STATE REGISTRAR	DEPART	MENT OF HE	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	LENE 6	2	5 0	4-	
	DECEASED NAME FIRST  YPE OR PRINTS	WIDDIE	1.4	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR	
(,	LIET	0	MARZ	OUK		08 26	84	3:30PM	
3. 5	SEX	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BE	RTHDAY) IF U	INDER I YEAR	IF UNDER 24 HRS	
	MALE	WHITE	APR.	$16^{\text{DAY}} 192^{\text{YEAR}}$	62	YRS	INJ DATE	NAC.	
70.	BIRTHPLACE (STATE OR FOREIGN EGYPT	7b. CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWEI		9 BALTIMORE CITY OF			MD	
	CITY OR TOWN OF DEATH  BALTIMORE	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HO	NG HOME O TADDRESS) OPKIN	ROTHER INSTITUTION	120 USUAL OCCUPAT MACHINE OF			SPICE C	
130	UAL RESIDENCE ITE NURSING HOME OF ITE NURSING	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR		136 INSIDE CITY LIMITS?	130 STREET ADDRESS 4208 FALL	STAFF R	D. #	21215	
14.	FATHER'S NAME YOUSEF	MARZOUK MARZOUK		SORTUNE	MIDDLE		RANGÜ	Ì	
160	(YES, NO UNKNOWN) (IF YES, G	RMED FORCES?   16b SOCIAL SECTIVE WAR OR DATES)   217-60-2		17 INFORMANT MRS 4208 FALLS		RZUUK SALTO.,M		1215	
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQU	ungter ombo		INAL DISEASE OR CON	IDITION GIVEN	(MA	e week	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, W IN CERTIFYIN YES			
		HOUR A.M. MONTH D	DAY YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	I OR PART ?)		
MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC )	211 LOCATION STREET	CITY OR TO	2 /	COUNTY	STAFE	
	27a I certify that (i) (this haspital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19								
-	Puller 1774 PHYSICIAN'S NAME LIYPE	dh large	1	ATTENDING PHYSICIAN [	MEDICAL STA		My	2684	
	RA Lang	y my		The Johns (	toplens !	tore B	alto	Md	
	BURIAL CREMATION, REMOVE	AUG. 27,1984	ARLING	EMETERY OR CREMATORY TON (CHIZUK A	2 d. LOCATION CITY OR TOWN MUNOBALTIMO	DRE		RY LAND	
24	FUNERAL DIRECTOR SOL 6010 REISTERS	LEVINSON & BROS STOWN RD. BALTO,		21 21 5	IG 3 0 1984	25b/REGISTRAF			

DHMH - 16 50M 4/8 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.



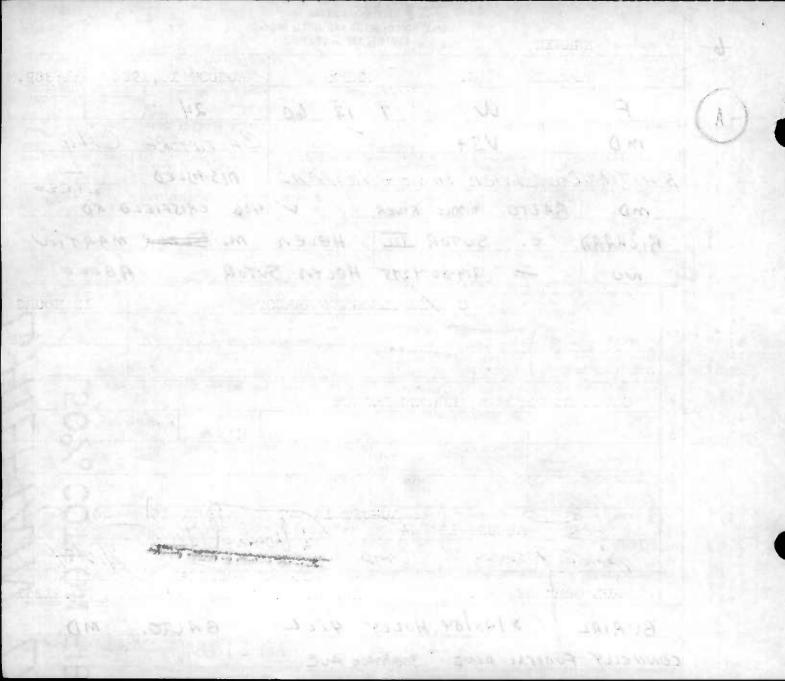
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

## STATE OF MARYLAND

,-	1 - STA		<u>konn</u> xe		DEPAR	RTMENT OF H	CATE OF	MENTAL HYGI	9	REG. NO.	. 1	0	
	1. DECEAS		FIRST		MIDDLE	U	51		20. DATE OF DE	ATH MO	HTMC	DAY YEAR	26 HOUR
	(TYPE OR PR	NI)	BONNI	E	G.		MASON		AUGU	IST I	16,1	1984	11:38R.N
1	3. SEX	0	4	RACE		5. DATE O		WE AR	6. AGE (IN YEAR	S EAST BIRTHE	DAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1	/	+		ι	N	MONTH	13	60		24	YRS.	JA13	MIG.
1	7a BIRTHP	ACE (STATE	OR FOREIGN 7	CITIZENC	F WHAT COUNTR	Y? 8.	NEVER	MARRIED -	9. BALTIMORE	CITY OR	COUNT	Y OF DEATH	,
10	4	mD		l	ISA	WIDOWE	D D	NORCED [	GALT	TMI	RE	Ci	TY MD.
25	10 CHY O	R TOWN OF	DEATH 1		F HOSPITAL, NUR		R OTHER INS	TITUTION	12a USUAL OC				OF BUSINESS OR
	DA	LTTH	OPE	Chui	ch Ho	met	405F	ITAL	DIS	132	- 4		Granden, .
5	13a STATE	ND:	URSING HE OR C	THER INSTITUTE	13c. CITY OR TO		134 INSIDE (	NO F	13. STREET ADD	CRIS			0
5	14 FATHER		1.5/	-10.		1) 1021		S MAIDEN NAM		0.7.0	, ,		
41	R	CHAR		IDDLE	SUTOR	TIL	HE	elen	m.	NODLE		MA	RTINI
1			ER IN U.S. ARM			CURITY NO.	17. INFORM			ADDRESS	5		1 / 1 / 0
1	(YES, NO	NO UNKNOWN	(IF YES, GIVE	WAR OR DATES	319-80-	4275	HeL	en S	UTOR			ABO	VE
1	18.0	AUSE OF DE	ATH (Enter only	one cause p	per line for (a), (b),	and (c)	1375					APPRO BETWEEN	XIMATE INTERVAL
		ART I. DE ATI	WAS CAUSED	BY:			ONARY	ARRES	$\mathbf{T}$				12 HOURS
injury, or other	PAR	T 2 OTHER S	ouse last.	( Ic)	CONTRIBUTING T	O DEATH BUT		O TO THE TERMI	NAL DISEASE C	R CONDI	TION GI	VEN IN PART 1	10
à di	CERTIFICATION 190	ATE OF OPE			IDITION FOR WHI			DRMED	20a AUTOPS			S, WERE FIND	
	Ē								YEX N	10		ES [	NO [
1	On a	ONTRIBUTING	UNDERLYING CAUSE OF DEAT		OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW I	NJURY OCCURR	ED (ENTER NATUR	E OF INJURY	IN ITEM 18	PART ( OR PART 2)	
	Q 21d	INJURY OCC	URRED		CE OF INJURY STREET, FACTORY, OFFIC	CE, FARM, ETC )	211 LOCATI		(	ITY OR TOWN		COUNTY	STATE
			(I) this hospital eased alive on e) (dial) this hospital eased alive on e) (dial) this hospital ease (dial) this hospital		the deceased from	84 . on	d that in (my	Court purpor d	West			and from the	that (I Cwe) lost e causes stated
1	22d.	PHYSICIAN'S	NAME (TYPE OR	PR(NT)	/			S CHURC				RPORA	TIÓN
/		PAUL	GORMI	EY, I	MD.		100	N. BRO	ADWAY,	BAI	TIM	MORE,	MD.21231
	23a. BURIA	L CREMATIC	N, REMOVAL	23b DATE	70/84	HOLLY		CREMATORY	23d LOCATIO		70.	COUNTY	1D, STATE
83		AL DIRECTOR	Fune	2.9 14	HOME ADDRES	300 W	Ace Ac	250. DAT	GZ BY REG	984	Tuna !	TAR'S AIGNA	TURE

DHMH - 16 50M 4/83 (VRA 15, 4)

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DHMH - 16 50M 4/B2 (VRA 15, 4)

Stem 13e per

h	· 64/16/84 kg	DID		MARYLAND H AND MENTAL HYG	Chr 44	2 0	0 4
		Film #G594 8	/31 CERTIFICAT	TE OF DEATH	4		
1. D	ECEASED NAME FIRST	WIDDLE	LAST		REG. NO		EAR 2b. HOUR
(TY	TRM,	A C	MATT	hews		8 5 8	4 145 M
3. S	EX	4. RACE	5. DATE OF BIR	TH DAY # YEAR -	6 AGE LINYEARS LAST BIR		YEAR IF UNDER 24 HRS
1		8	02-	04 19	(2)	YRS.	
1-	BIRTHPLACE (STATE OF CAERS)	76. CITIZENO WHAT COUN	TRY? 8. MARRIED WIDOWED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY O	ONE (	141 40
19	CITY OR JOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME OR OT		120. USUAL OCCUPATI	ON 126. K	IND OF BUSINESS OR
K	SALto.		eaton M	ed. center	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDU	STRY
13a	TATE A 13b. COUN	NTY 136 PITTO OR	BEFORE ADMISSION) 1700 8 13d. YES		130. STREET ADDRESS John/D	Haton D	X3U
E	FATHER'S NAME	MIDDLE ROLAST	35	HANES	ME	7	P035
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL (MEDICAL SOCIAL)	12-9303	JOHN L	De ALON	Med.	Center
NO	PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSI	EQUENCE OF	sofund	INAL DISEASE OR CON	DITION GIVEN IN PA	RT 110 ·
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WA	AS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED USES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PA	RT 2}
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FEICE TALM STC	LOCATION	CITYORTO	wn coun	PTY STATE
	22e. I certify that (1) (this haspi sow the deceased alive an above, (1) (we) (did) (did no			t in (my) (our) opinion	deoth occurred on the de	ote and hour and fro	m the couses stated
	TIE SIGNATURE	toke	DEGR	ATTENDING PHYSICIAN	MEDICAL STAI	FF _ O	DATE SIGNED
	JULIAN	W. REED	226	ADDRESS 115 CH	AS ST. F	ACTS. 1	Ne >122
E	BURIAL, CIEMATION, REMOVAL	128-9-94	12, N. W. OF W.	RITHER ASPRY	13 BAH-1	COUNTY	Md:
24.	FUNERAL DIRECTOR AND NAME	ul 19/20	RESS W. Nov	AL 250. DAT	FREC'D. BY REGISTRAR	256. BEGISTRAP'S SI	GNATURE On-Randall

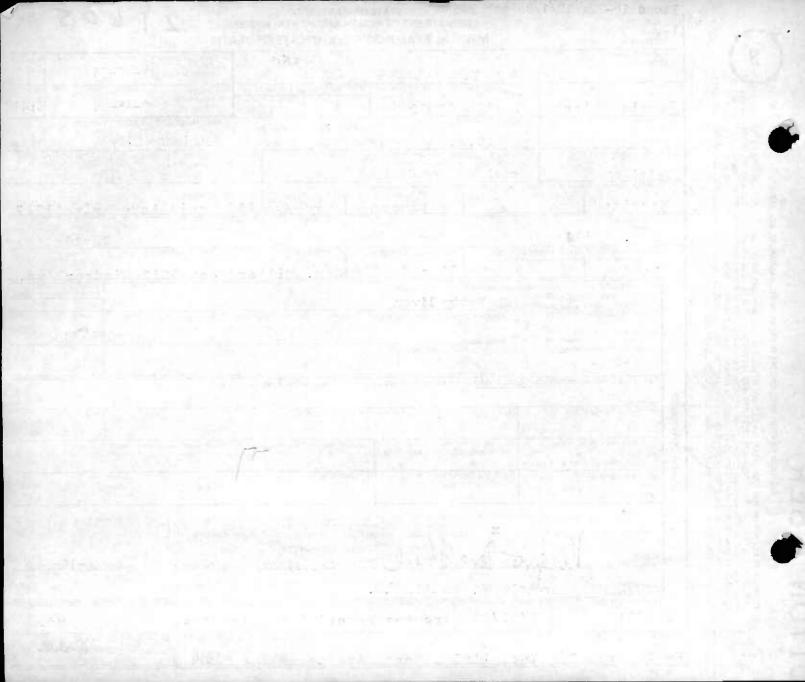
TAULTI STATE IN Ball moreowy saconole

	/ 6		emd 18-22a 10/1,				AARYLAND A AND MENTAL H	YGIENE	116	05	
1	1		STATE REGISTRAR	MED	ICAL EXAMI	NER'S	CERTIFICATE O	FDEATH R	EG. NO.		
( B			CEASED NAME FIRST		WIDDLE	/	MAST AKA	20 DATE KNOW	MNX MONTH		2b HOUR
1	1 2 E	1111		THIA Y.	MCCLAM	(	cox )	DEATH MAT	ED 8-15	-84 19	A
7	10 E 0 E	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN		DER 1 YR. IF UNDER	24 HRS. 20 DATE	HTMOM		2d. HOUR
>	N2200R	£ e	male black	3 30	52 32	YRS.	DATS HOURS	DEAD	8-15	-84 <sub>19</sub>	6:41
200	WITHIN 72 HORE		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH.	AT COUNTRY?	8. MARR	IED NEVER MARRI	ED 7 BALTIMORE	CITY OR COU	NTY OF DEATH	
	W. WEIGH	Ma	ryland	U.S.		WIDOV			ore Cit		MD
2	PAGE 5	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FAC	ITAL, NURSING HOA	)	IER INSTITUTION	12a USUAL OCCUPATIO FOR MOST OF WORKING LI		12b. KIND OF BU OR INDUST	
N N	O Charles of the		altimore		it Hospita						
102	RETAIN RETAIN RECOIL	130. S			13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
.21			laryland   V		Baltimo	re	YES NO	805 Druid	Lake	Drive2	1217
A S	A, 2, 3, 2, 3, 2, 3, 2, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	14. FA	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDE	N NAME		LAST	
ORE,	AGES 1, 2 RM PM 3	1	Rev. Millard		Cox		Thelma			Curtis	
I W	A S S S S S S S S S S S S S S S S S S S	(Y		MED FORCES? WAR OR DATES)	16b. SOCIAL SECUR		17. INFORMANT		DRESS		
BALTIMORE, MD. 21201	OURS AFIER DES 1B. GIVE PAGE: WITH FORM I IT. PAGE:		nknown		219-52-	8800	Pev. Mil	lard Cox 3	032 W		Ave.
: =	M 18. G M 18. G WIT P. NE, DIV		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED							APPROXIMAT BETWEEN ONSE	
NO	A LEW J A LONG A LONG IT PERM Y GIENE			E CAUSE (a) F'a	tty liver						
EST	ENTERNOL IN TEA		Canditians, if any, which	DUE TO, OR A	AS A CONSEQUENCE	: OF					
Y. P.	R REAL		gave rise to immediate cause (a) stating the under-	(b)	AS A CONSEQUENCE	OF					
V 10	EXAMINER EXAMINER EXAMINER EXAL-TRANS O MENTAL H		lying cause last.	DOE TO, OR A	AS A CONSEQUENCE	: Or					
35,2	AND ATTO		PART 2 OTHER SIGNIFICANT CONDITIONS (	ONTRIBUTING TO OFATH B	III NOT RELATED TO THE TE	PAGINAL DISEAS	E OR CONDITION GIVEN IN PA	PT 1/a			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	ACOUN BE EXECUTED WITHIN ZEA THOURS ATTER RD "FENDING" IN PENCIL IN 1EM 18, GIVE PR- HIEF MEDICAL EXAMINER ALONG WITH FOR HIEF MEDICAL EXAMINER ALONG WITH FOR HOSED AS A BURIAL TRANSIT PERMIT. FAGES OF HEALTH AND MENTAL HYGIENE, DIVISION RIAL, CREMATION, OR REMOVAL.	Z					on constitution office in the	110%			
M C	LOAME	CERTIFICATION	196 DATE OF OPERATION	196 CONDITI	ON FOR WHICH OP	RATION W	AS PERFORMED?			20 AUTOPSY	?
IA	CHIEF CHIEF IN SECULE IN SECURE IN S	FE								YES 🗓	NO 🗌
7 1	ALE SHE THE CHIE JID BE US MENT OF	SE SE	210 EXTERNAL CAUSE WAS	21b. TIME OF	INJURY MONTH DAY YE		OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR	PART 2)	
NO	SHOOTS A		UNDERLYING OR CONTRIBUTING CAUSE OF D		19	MK					
VISIO	PRI SED I	MEDICAL	214. INJURY OCCURRED		FINJURY (ATHOME,		CATION	CITY OR TOWN		OUNTY	STATE
0	THIS CERTIFICATE SHOOTS  WARTING THE WORD  WARDED TO THE CHIEF  PAGE 3 SHOULD BE USED  TATE DEPARTMENT OF HI  21201 PRIOR TO BURIAL,	>	AT WORK AT WORK		,	11		0.17 0.170 1111		00111	
	R: NTE, NTE, NTE, NTE, NTE, NTE, NTE, NTE,		22a. I certily that I taak charge	e af the remains desc	ribed abave, held an	Autap	sy X, Inspectia	n , Inquiry ,	and in my	αριπιαπ	
	S S S S S S S S S S S S S S S S S S S					vicide	, Hamicide .	Undetermined manner			
	ARY ARY		Way	1 A	(11 00		TITLE (SPECIFY)				
	A HE WALL		ACTUAL SIGNATURE	wa Um	ennel	N	.D. Assistan	MEDICAL EXAMINER	DAT	NED 8-16-	84
	NORA SET TO	1	EXAMINER'S NAME Mar		V 1 1 N	1.0	111	Penn Street			
	TO MEDICAL EXAMPRE: HIS CARIFICATE SY EXECUTE THE CERTIFICATE, WRITING THE WOO PAGE 4 SHOULD BE FORWARDED TO THE CI FOR EVERTAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF BAUTIMORE, MARYLAND, 21201 PRIOR TO BU		(TYPE OR PRINT)		Korell, M		ADDRESS				
	CA PAGE		JRIAL, CREMATION, REMOVAL 2:	8/21/84	23c. NAME OF C	EMETERY C	r CREMATORY	. Arbutus.	co	UNTY M	d.
	BP033		0.11.21.11	0/21/04	Albaca	o riei	uorrar PK	Albutus,		M	u.

24 FUNERAL DIRECTOR

**DHMH - 17** (VR A15 ME (5)) 20M 4/B2

Wm C March F/H Inc. 1101 E North Avenue



## STATE OF MARYLAND

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	1 -	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYDICATE OF DEATH	REG. N	0.		
	[TYPE		NNE		MIDDLE		Coy	(	NONTH	17 8 Y	S:55A
3	3. SE)	M		BLACK	•	S. DATE C	28 1916	6. AGE (IN YEARS LAST BIR	YRS.	MONTHS DAYS	HOURS MIN.
10 7	70. BII	RTHPLACE (STATE OR CALL)	FOREIGN 7	b. CITIZEN OF	A COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED S	BALTER BALTER			M
12	10. CI	ALTIMOR			HEACILITY, GIVE STREET		R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF RETIRE I	OF WORKING LI		OF BUSINESS OR
		AL RESIDENCE (IF NUR. STATE	136. COUN	OTHER INSTITUTION, TY	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS . 5508 GK	ZIP COD	LAND	AVE 2121
xc '	C C	THER'S NAME	M	NOOLE	McCoy		15. MOTHER'S MAIDEN NA	WE WIDDIE	Tal	1 1	st
1		VAS DECEASED EVER		MED FORCES? WAR OR DATES)	16b. SOCIAL SECU	RITY NO.	James M	Cov 5508	Gr.	ovela	nd Aut
		Conditions, if ony gove rise to im- couse (a), static underlying couse	mediate ng the lost	(b) L DUE TO, O	R AS A CONSEQUE  A TO CA PDJA  R AS A CONSEQUE  DITRIBUTING TO E	L INF		NINAL DISEASE OR CON	DITION GI	VEN IN PART I	10
7	IFICATION	gave rise to im- cause (a), static underlying cause	mediate ng the lost	DUE TO, O  (c)  ONDITIONS CO	A TOKA RDJA  R AS A CONSEQUE  DITRIBUTING TO E	L TNF	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YE	S, WERE FIND FYING CAUSE	INGS USED S OF DEATH?
1.00	EDICAL CERTIFICATION	gove rise to im- couse (a), static underlying couse PART 2 OTHER SIG	TION  DERLYING  CAUSE OF DEAT  CALEXAMINER)	DUE TO, O  (c)  ONDITIONS CO  1% COND  1% COND  HOUR A. P.  21e. PLACE	R AS A CONSEQUE  THON FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY	DEATH BUT  OPERATION  AY YEAR  19	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?  YES NO NO RED (ENTER NATURE OF INJU	20b. IF YE IN CERTI	S, WERE FIND FYING CAUSE ES D PART 1 OR PART 2}	INGS USED S OF DEATH? NO
	MEDICAL CERTIFICATION	gove rise to im couse (a), statiu underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING  (IF ETHER NOTHY MED  21d, IN JURY OCCUR  WHILE NOTHY MED  22d, 1 NOTW  22d, 1 certify that (1)	TION  DERLYING CAUSE OF DEAT COLORER  THE CAUSE	DUE TO, OO COLOR TO C	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  OF INJURY M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, FA	DEATH BUT  OPERATION  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED  216. HOW INJURY OCCUR 211. LOCATION STREET	200 AUTOPSY? YES NO NO NO NOTE: RED (ENTER NATURE OF INJU-	20b. IF YE IN CERTI Y	S, WERE FIND FYING CAUSE ES  PART 1 OR PART 2)  COUNTY	INGS USED S OF DEATH? NO STATE
1.00		gove rise to im couse (0), statiu underlying couse PART 2 OTHER SIGI 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTHY MED 21d, IN JURY OCCUR AT WORK A	TION  DERLYING CAUSE OF DEAT CICAL EXAMINER) RED  HARE CICAL EXAMINER) (this hospital ed alive on ed alive on ed)	DUE TO, O  (c)  ONDITIONS CO  196 COND  216. TIME CO HOUR A. P. 21e. PLACE (ATHOME STI	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, FA	NCE OF  DEATH BUT  OPERATION  AY YEAR  19  ARM ETC.	NOT RELATED TO THE TERM N WAS PERFORMED  216. HOW INJURY OCCUR  211. LOCATION STREET  19. 8 7  19. 19. 8 7  10. that in (my) (our) apinion DEGREE  ATTENDING	200 AUTOPSY? YES NO NO NO NOTE: RED (ENTER NATURE OF INJU-	20L IF YE IN CERTIN Y Y ITEM 18.	S, WERE FIND FYING CAUSE ES  COUNTY  19  27c. DAT	INGS USED S OF DEATH? NO STATE

BP.

retained by the hospital ar attending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and campletely filled in by the fineral should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages Fand 2 should be filed writing Fall with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Burial 24 FUNERAL DIRECTOR Leroy 0.

4600 Liberty Hots

250 DATE REC'D. BY REGISTRAN 250 REGISTRAN'S SIGNATURE
AUG 20 1904 Filia Davidson-Randson

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STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME MONTH (TYPE OR PRINT) ONNELL HOMAS 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE IN YEARS LAST BIRTHDAY Aug 4, 1921 White ale 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Maruland U.S.A. Baltimore Citu WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Deputy Sherriff Mercy Hospital Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13h COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 213 W 29th St Baltimore 21218 Maryland YES X NO I 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Patrick J McDonnell A McKeown Maru 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO Mrs Sarah Nice 13 North Kelly Ave (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes WW 11 214-14-1582 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Emso/us ulmonary IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES I 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE BITHER NOTIFY MEDICAL EXAMINER P.M 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 7/3/ 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our opinion death occurred on the date and hour and from the causes stated d) (did not) view the body after death 22c. DATE SIG DEGREE ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN 22e. ADDRESS 23d. LOCATION 23g. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN (SPECIFY) COUNTY STATE 8/6/84 Baltimore National Baltimore Burial 24 FUNERAL DIRECTOR 25a. DATE REC'D.

DHMH - 16 50M 4/82 (VRA 15, 4)

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Leonard J Ruck Inc. Baltimore, Maryland

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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-8	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTI CERTIFICAT	AND MENTAL HY	REG. NO.	
2 -E	(TYPE	CEASED NAME Haze	Dorothy	Mc Dou	gall	20 DATE OF DEATH MONTH	18 84 4 AM
0	3. SE	RTHPLACE ISTATE OR FOREIGN	1. RACE  OUCUSION  TO CITIZEN OF WHAT COUNTRY		DAY YEAR 23	6. AGE (IN YEARS LAST BIRTHDAY)  YRS  9. BALTIMORE CITY OR COUNT	FUNDER TYEAR HUNDER 24 HRS
		Maryland  TAOR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	MARRIED WIDOWED	DIVORCED	Baltimore Ci	ty MD.
poly de	1	Saltemore	South Buth nor	e venera	11 2/1	Titye of the salesperson	FE) INDUSTRY ROTELL
hould be	13a. S	Maryland 18 can	A Bar Glen Bur	nie - YES		13e STREET ADDRESS / ZIP COD 7872 American	ADT III
ol example filled		James -	Dorsey	7	Nettie	WIDDLE	Weitzel
S. Poges		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN]   I IF YES, GR	MED FORCES? 166 SOCIAL SEC 215~18		nda H. D	7872 American Julany Glen B	urnie Md.2106
physicia on papers emayor, event, no		PART I. DEATH WAS CAUSE	nly ane cause per line far (a). (b) ar ED BY: TE CAUSE (a)		ilure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
l by the attendin ease remove corb al, cremation, or i r other traumatic		Canditians, if any, which gave rise to immediate couse 101, stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	tatic K	Breast (	Carcinoma	
nit. Then pli rior to buri ny injury, o	ATION	(3	1 1 1	rman (	afleter	MINAL DISEASE OR CONDITION GI Caffefer Po 1200 AUTOPSY? 1200 IF YE	revel 8/10/84 S, WERE FINDINGS USED
short short	CERTIFICATION	8/0/84	Sepsis			IN CERTI	FYING CAUSES OF DEATH?
orial-tro	MEDICAL C	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D P.M.	DAY YEAR	OCATION	TENIER NATURE & INSERT IN HEAT IS	raki i Un raki ()
of the book the book thought	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
DIRECTOR: A ached for use Dept. of Heal f Item 21 is m		sow the deceased alive or abave, (I) (we) (did), (did no	atal) stended the deceased from 19 19 19 19 19	84, and that	in (my) (aur) apinion	death occurred on the date and ha	
		276 SIGNATURE	e Galani	MD.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	276. DATE SIGNED  18, 18
should be det with the State		Michael Ga	lavis, MD	3	address  Sol 5 (4	lanover Stret	Baltonie Md.
- 7 3 4	23a. E	BURIAL, CREMATION, REMOVAL (SPECIFY) burial	8/21/84 I	Baltimor	ry or CREMATORY e Nat'1.	Baltimore C	county State
6 50M 4/83 15, 4)		uneral director eorge J. Gon	ADDRESS	hie Hwy Md. 21:		JGEZ 1 RESEAR LA REGIS	

DHMH - 16 50M 4/83

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retained by the hospital ar ottending physicion

(VRA 15, 4)

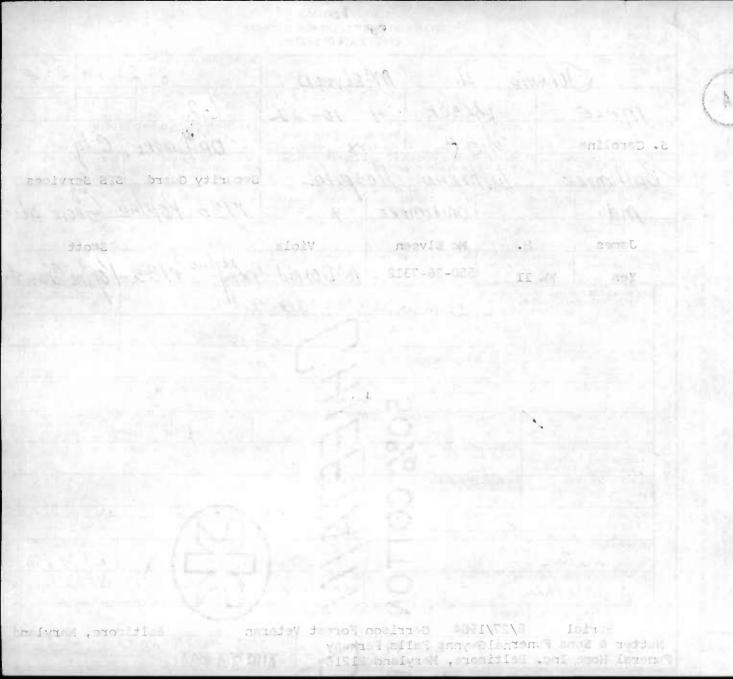
THE WILL SEE the constraint of the contract 

requires that the death certificate be executed within 24 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

BP. MC" 61 - HMHD

1. DI	ECEASED NAME	SIRST /	M	HODLE		AST	20 DATE	OF DEATH	MONTH DA	AY YEAR	2b. F
ITY	PE OR PRINT)	JOHNN	lie .	4.	ma	Fluces)	- 1		8-2	1-84	2
3. SI	EX	4	RACE		S DATE C	OF BIRTH 0 3 -1 9	20 6 AGE 1	N YEARS LAST BIRT	HDAY) II	ONTHS DAYS	IF UI
	MALE		13	LACK	4	10-2	久	63	YRS.		
MI	BIRTHPLACE (STATE OR F	FOREIGN	CHIZEROFV	VHAT COUNTRY?		D NEVER MARRIE	7	ORE CITY OF	COUNTY	OF DEATH	
	Carolina	ATH II				DIVORCE	N 120 USUA	LOCCUPATION		126 KIND O	F BU
46	Boltimas	5	I F NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	Spital		ork for most of		SPS Se	- T-V
USU 130	UAL RESIDENCE (IF NURS	136 COUNT	THER INSTITUTION, O	GIVE RESIDENCE BEFORE		134. INSIDE CITY LIM		TADDRESS	21	217	1
55	ma.			BALTIM	DRE	YES NO	17	35 F	OPIA	P GR	200
	FATHER'S NAME FIRST	MI	DDLE	LAST		15. MOTHER'S MAID!	NAME	**DOLE		JASI	,
160	James WAS DECEASED EVER		ED FORCES?	MC Elvee		Vio	alto.A	d men	Seco m	Scot	+
160	(YES, NO OR UNKNOWN)		WAR OR DATES	550-36-73		MCDANA	ndo ale	Lown	435	- And	-
	Conditions, if ony, gove rise to imm couse (a), statin underlying couse	MAS CAUSED  IMMEDIATE  , which mediate ng the lost.	BY: CAUSE (o)  DUE TO, OR  (b)  DUE TO, OR  [c)	CENEBRO R AS A CONSEQUE R AS A CONSEQUE	ENCE OF	cular al	Liolent ETERMINAL DISE	ase or cont	DITION GIVE	IN IN PART 110	
	Conditions, if ony, gove rise to imm couse (0), stolin underlying couse	AS CAUSED  IMMEDIATE  which mediate ing the lost.	BY: CAUSE (0)  DUE TO, OR  (b)  DUE TO, OR  Ic)  ONDITIONS CO	CONSEQUE AS A CONSEQUE AS A CONSEQUE INTRIBUTING TO D	ENCE OF	not related to this	20a AL	TOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	VGS U
5 ERTIFICATION	Conditions, if ony, gove rise to immrcouse (o), stolin underlying couse	VAS CAUSED  IMMEDIATE  , which mediate ig the lost.  NIFICANT CO	BY: CAUSE (0)  DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO	AS A CONSEQUE AS A CONSEQUE DITRIBUTING TO D TION FOR WHICH	ENCE OF  DEATH BUT  OPERATIO	N WAS PERFORMED	200 AL	TOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	VGS OF [
CERTIFICATION	Conditions, if any, gove rise 10 imm couse (a), station underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIOR CONTRIBUTING [1]	AS CAUSED  IMMEDIATE  , which mediate ing the lost.  NIFICANT CO	DUE TO, OR  (b)  DUE TO, OR  (c)  DIDITIONS CO  196. CONDITIONS AM  216. TIME OF HOUR AM	R AS A CONSEQUE  PAS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH DA	ENCE OF ENCE OF OPERATIO		200 AL	TOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	VGS OF [
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CERTIFICATION	PART I. DEATH W  Conditions, if ony, gove rise ID imm couse (0), stolin underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI AT WORK  21d. INJURY OCCUR!  WHILE NOTIFY MEDI AT WORK  220. I certify that (I) sow the deceosion	VAS CAUSED  IMMEDIATE  , which mediate ig the lost.  NIFICANT CO  TION  DERLYING  CAUSE OF DEATH CALEXAMINER)  RED  (this hospito ed glive on	BY:  CAUSE (0)  DUE TO, OR  (b)  DUE TO, OR  (c)  19b. CONDITIONS CO  21b. TIME OF HOUR A.A.  P.A.  21e. PLACE C (AT HOME, STREET)  (1) ottended the	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH DA  A.  DF INJURY  THE RECTORY, OFFICE, F.  deceosed from  19	OVON ENCE OF ENCE OF OPERATIO OPERATIO APPLICATION APP	211 LOCATION SIREE1  3 - 19- nd that in (my) (our) o	20a AL YES CCURRED (ENTER	TOPSY?  NOTO  NATURE OF INJUR  CITY OF TOV	20b. IF YES, IN CERTIFY YES Y IN ITEM 18 PAI	WERE FINDING CAUSES  COUNTY  Ond from the	that
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FOR - STATE REGISTRAR

CERTIFICATION

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21 is marked or Item

MPORTANT: If he should be deto with the State [

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

REG.	NO.		
TE OF DEATH	MONTH		DAY
	prop.	~	00

REG.	NO.			
OF DEATH	HIMOM	DAY	YEAR	26 HOUR
GUST	7,	1984		7:36

I. DECEASED NAME (TYPE OR PRINT)	SAMUEL	MIDDLE	MCFADDEN	J	AUGUST 7,	1984	7 :	:36
3. SEX	4 RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER	R 24 HRS
NALE	BI	eck	MONTH DAY	33	50 YRS	MONTHS DAYS	HOURS	MIN.
To. BIRTHPLACE (STATE)	OR FOREIGN 76. CITIZE	OF WHAT COUNTR	Y? 8		9 BALTIMORE CITY OR COUN	TY OF DEATH		
South Car	2/104 (1	SA	MARRIED NEVE	DIVORCED .	BALTIMORE	CITY		Mr

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE JOHNS HOPKINS HOSPITAL BALTIMORE

13c CITY OR TOWN

( IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

(ow)motor 113d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE

12a USUAL OCCUPATION

ΙY	Yld.		BALTO.	YES 🔃	NO 🗌	206	E. (	hase	STRE	227
14.1	ATHER'S NAME			15. MOTHER	'S MAIDEN NAM	E				
0	FIRST	MIDDLE	A LAST C		FIRST	_	MIDDLE		LAST	9
	muel		1c FADDENS	MA	LEGIALE	T		Ć.	acur	125
160	WAS DECEASED EVER IN U.S.					4	ADDRE	SS		

250 52-5528 MARGARET Mc FASSEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY cardiac arrest IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate

underlying couse

126 KIND OF BUSINESS OF

7/26/84	196 CONDITION FOR WHICH OPERATION		YES TO NOT	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES  YES	
270. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY	21c. HOW INJURY OCCURRED	- 00		
21d INJURY OCCURRED  WHITE NOT WHITE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn county	STATE
22a.1 certify that (I) (this hospital)	ottended the deceased from 7/25	19. 84	. to	, 19 84	that (I) (we) la

sow the deceased alive on above, (I) (we) (did) (did not) view the body alter death. ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED

DIRECTOR PHYSICIAN WOLFE

230 BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY COUNTY St Matthewe AME Cemt Florence Buria:

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR James A. Morton & Sons 1701-31 Laurens St.

X , make the state of the state of

# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral should be detached for use as the burnal-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other froumotic event, the medical exo

IMPORTANT: If them 21 is marked or them 18 shows any

4 moy be

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	STATE REGISTRAR			CERTIFI	CATE OF DEATH	REG. N	10.		
	CEASED NAME FIRST	F.	Mc GW	th	51	26. DATE OF DEATH	8/21/	94	26. HOUR 32
3. SE	Female	4. RACE	hite	5 DATE OF	8 IRTH DAY YEAR 16 - 16 - 1999	6 AGE (IN YEARS LAST BI	YRS.	THS DAYS	HOURS MIN.
	Baltiman, MI	U	S, A-	WIDOWED	DIVORCED [	Baltimore city	more	Cit	W/ MD.
13	12/filmore, Md	Merid W	SUCH FACILITY, SIVE STREE	T ADDRESSING	TOTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST		126. KIND OF	F BUSINESS OR
	AL RESIDENCE (IF NURSING HOME OF		13 CITY OR TO	more	13d. INSIDE CITY LIMITS?	13 STREET ADD NESS	veourt	RD-	- 21214
14. FA	HICHAEL:	J. M	CG+2	2	15. MOTHER'S MAIDEN NAA	atherin	e No	Jan	Q.
	VAS DECEASED EVER IN U.S. AR YES, NO PRONKNOWN) (IF YES, GIV	MED FORCES		URITY NO.	Thomas E	Weyant.	402	eny	ViewR
	18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA	nly one couse p D 8Y: TE CAUSE (o)_	cerline for 191, (b), o	nd icil	asserved	Pentic		MTWENC	AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b).	OR AS A CONSEOU	000	et oresule	. Kisenl	2	8	
NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CON	NDITION GIVEN	IN PART 110	)
CERTIFICATION	19d DATE OF OPERATION	19b CON	DITION FOR WHICH	H OPERATION	WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, W IN CERTIFYIN YES		
	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR	OF INJURY A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	URY IN ITEM 18 PART	OR PART 2)	
MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC ]	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	22a. I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no		19		that in (my) (aur) apınıan c	, to death accurred on the d	late and hour or		that (1) (we) last causes stated
	22b. SIGNATURE	n	r'ed	D	EGREE ATTENDING PHYSICIAN	MPDICAL STA	AFF CIAN []	SIL DATE	2/ Fol.
	224. PHYSICAN'S NAME (TYPE O	PRINT)	9.0.0	AT	220 ADDRESS			1	
23a. 8	BURIAY, CREMATION, REMOVAL	236 DATE 8/8:	3/84 V	NAME OF CE	AWH COMPA	1 Ball	more	OUNTY M	STATE
24 FI	UNERAL DIRECTOR JOHN BUDOE Bab	AME	Stan Ball	to, M	21224 AUI	G 2 2 1984	255 REGISTRA	S SIGNATI	URE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

the death cent.

The low requires that

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physicion.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 44

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Evel .		0	1	2

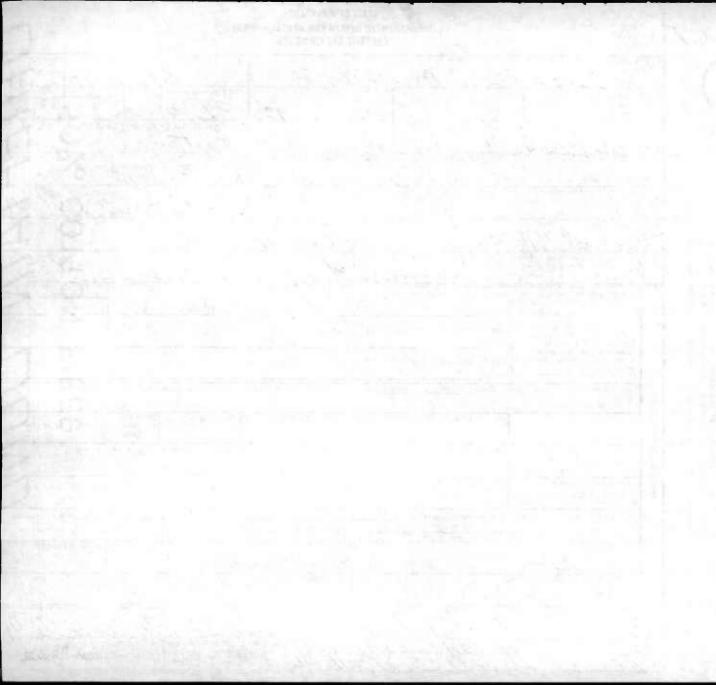
1	1-	FOR -STATE REGISTRAR		IEALTH AND MENTAL HYEJ ICATE OF DEATH	ENE 4 2 REG. NO	5		2
	crysec	ELIZABETH	A.MS	HALE	.0	8 15	84	735/0 M
	), 5EX	FW	5. DATE C	er metric	6. AGE INVERSIANT BUT		DAYS	HOURS HIPL
15		leals Million U.S.	MARRIE WIDOW	ED DIVORCED	TALISUAL OF CHEATH	nie		MD. BUSINESS OR
0	B	ALTO. GRADI	HACKETY, GIVE STREET ADDRESS!	NG Home	Reper Comy	cloyed.	DUSTRY	
5	No.5	AL RESIDENCE 19 HARISHO HONE DI OTHER HASIILUI DON TEL	13. CO OR TOWN	YES NO [	13e STREET ADDRESS	tylet	LO	13/307
20	7	Michael Mc Ha	le imi	Oxx M	Cale	0	LAST	
		VAS DECEASED EVER IN U.S. ARMED FORCES? (IF, YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 219-54-3232	9 ruled	Sabria 1	4524	3%	739.
		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a), (b), and (c)	ndepuln	nay and	N	APPROXIA BETWEEN O	NATE INTERVAL NSET AND DEATH
			R AS A CONSEQUENCE OF	ASCVD				
		gove rise to immediate couse (a), stating the underlying couse last.	R AS A CONSEQUENCE OF					
3	NO O	PART 2. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN	PART Ito	1
9	CERTIFICATION	19a. DATE OF OPERATION 19b. COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?  YES NO	20b. IF YES, WEI IN CERTIFYING YES		
9		210. ACCIDENT WAS UNDERLYING TO THE ON CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERLYING TO HOUR A.	M. MONTH DAY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 C	OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	'N CC	YTMUC	STATE
		22a.1 certify that (I) (this hospital) attended the saw the deceased alive on above, (I) (we) (did) (did not) view the body	S- 19 8 H.	nd that in (my) (our) opinion d	eoth occurred on the do	19 2 ote and hour and		hat (I) (we) last ouses stated
		22b. SIGNATURE		DEGREE OATTENDING PHYSICIAN	MEDICAL STAF	F _	22c. DATE S	IGNED
1		228 PHYSICIAN'S NAME (TYPE OR PRINT)	P	22e ADDRESS SOLO	JORK MO	21212	,	

DHMH-16 60M 1/73 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending ishould be detoched for use as the buriol-transit permit. Then please remove carbon with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or reliMPORTANT: If them 21 is marked or Item 18 shows ony injury, as other troumatic

230 BURIAL, CREMATION, REMOVAL 23b. DAY FRALEIRECTOR

23c NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 1 7 1984 Gune Dandon Fundase



# ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

retained by the haspital or attending physician.

TO HOSPITAL

BP

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages found 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE

# DE

STATE OF MARYLAND	41	
PARTMENT OF HEALTH AND MENTAL HYGIENE	4	
CERTIFICATE OF DEATH		RI

6

		REGISTRAR				REG. NO.		
	1. DEC	CEASED NAME FIRST	MIDDLE	LAST	2a. D/	ATE OF DEATH MON	TH DAY YEAR	2b. HOUR
	(TYPE	GARLAN.	A M	CKELVEY		8	8 84	6 P M
1	3. SE>		4 RACE	5. DATE OF BIRTH	6. AG	E (IN YEARS LAST BIRTHDAY	Y) IF UNDER I YEAR	IF UNDER 24 HRS
1	Y	nala	1.11.1	TMONTH ZOAY	904 ·	80	MONTHS DAYS	HOURS MIN
12	1a 011	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	July 30, 1		LTIMORE CITY OR C	OUNTY OF DEATH	1 1 1
90		DUNTRY	TO CHIZEN OF WHAT COUNTRY:	MARRIED ANEVER MA	RRIED -	1 1	OUNTTOFFEATH	1
5	No	orth Carolina	USA		ORCED	Daltim	me Ci	MD.
P/	10 CI	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET)</li> </ol>			SUAL OCCUPATION OF WORK FOR MOST QF WO		OF BUS NESS OR
The Co	(3)	altimore	Montebell	10 Cente	r K	etired	Civil	Service
3/10	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		VIIANITS2 12a ST	TREET ADDRESS	1 216	£03.
到力	1	NO LAD	A. Annapa	9	10 I 3	05 Bury	neide s	treet
in is	I4 FA	THER'S NAME		15 MOTHER'S A			10100	
5/1	(3)	FIRST	WIDDLE LAST	FIR		MIDDLE	L/	AST AND A R TO S
3	140 \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMAN	Unk	ADDRESS	115 34 6	22401
dic	(1	NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	1000	1	2012	142 AA CA	יויייייייייייייייייייייייייייייייייייי
E	-1	jes (1)	UT 17/10-44	153 Garlo	ind W.M	19701 vey-	trederick	sburg, VH
÷.		18 CAUSE OF DEATH (Enter or	ly one couse per line for (o), (b), one		4. 1		BETWEEN	ONSET AND DEATH
ve	10	PART 1. DEATH WAS CAUSE	E CAUSE (O) SRAM	NEGATIVE	SEPSIS			
ofic			DUE TO, OR AS A CONSEQUE	NCE OF			23.54	
8		Conditions, if ony, which	CARCIA	IOM ATOSIS				
tro		gove rise to immediate	,					
the	37	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	IC HYDRA	DENITIS	Ś		
0		DARTO OTHER CIONESCANIE	(6)				CALCONIENT DATE OF	
lury,	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D			ISEASE OR CONDITI	ON GIVEN IN PART I	(a)
ż.	TIO	19g DATE OF OPERATION	121AC ARTER	CY ANEUK		AUTOPSY? 20	b. IF YES, WERE FIND	INCSTICED
00/	CERTIFICATION	140 DATE OF OPERATION	176 CONDITION FOR WHICH	OFERATION WAS PERFORM		IN IN	CERTIFYING CAUSE	S OF DEATH?
2	RTII					S NO	YES 🗌	NO 🗌
18		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	THE PROPERTY OF		JRY OCCURRED (E	NTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2]	
E	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19				
6	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	211 LOCATION	1	CITY OR TOWN	COUNTY	STATE
k ed	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, OFFICE, P.	ARM, ETC.)		en oxiom.	1	JIAIL
mor			tol) ottended_the/deceased from_	11/15	19 82 10	8/	8 19 84	that (I) (we) lost
is		sow the deceased alive on	8/8 19	84 ond that in (my) (a	our) opinion death o	occurred on the date of	and hour and from the	
m 2		obove, (I) (we) (did) (did no 22b. SIGNATURE	t) view the body ofter death.	DEGREE			22c DAT	ESIGNED
If he		n (	ch - 1. mo.		TENDING MED	DICAL STAFF	1 0/1	8/84
Ë		Mana 2.	formagech, 1:0.		YSICIAN DIRE	CTOR PHYSICIAN	18/0	701
IA!	1	224 PHYSICIAN'S NAME (TYPE C		22e. ADDRESS				
MPORTANI		MARIA E	. ALMOGELA	Mo	DITEBEL	LO CEN	TER	1.020
N. C.	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CR	EMATORY 23d	LOCATION CITY OR TOWN	COLINEX	STATE
	~	remation	Aug 10,1984 F	the line of	n 18	rentwo	d PC	mil
77	24 FL	JNERAL DIRECTOR	1110011011111	1. Silicol	250. DATE REC'I	D. BY REGISTRAR 256.	REGISTRAR'S SIGNA	JURE 00
"	1	NAME	ADDRES6	0 - 0. 150 M	AUG 1	0 1984	REGISTRAR'S SIGNA	anaere
	10	workunen	11 Chapel- Hr	11101201127111	D	U. J.		

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- STATE

REGISTRAR

-		ORPRINT)	FIRST		WIDDLE		A3)	20 DATE OF DEATH	O 2	2 84	26
61.		E	lliza	b <u>eth J</u>	eanne l	McKen	ney		0	01	1.
A I	3 SE	X		4. RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		ONTHS DAYS	-
	/	female		white		Au	g. 27,1984	0	YRS	DATS	17
10/		IRTHPLACE (STATE OR FO	OREIGN	Th CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
野るク		Ann.Md.		U.S.	Α.	WIDOWE	_	. I ROITIMO	re		
P P		ITY OR TOWN OF DEA	ATH	11. NAME OF			OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND C	OF B
hed wi		Baltimor	e /				ev Mem.Cene			INDUSTRI	
4 P		AL RESIDENCE (IF NURS		OTHER INSTITUTION.		DRE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		211	-
Pop 1	130	Md.	Dipor	Anno.	Grason			Rte 1		84A	/
2 sh	14_F	ATHER'S NAME	-				15 MOTHER'S MAIDEN N.	AME	D O II		
omple ond	1	Stephen	^	A .	McKer	nev	Angela	Mari	e	Bro	
0 0		WAS DECEASED EVER			166 SOCIAL SEC		17 INFORMANT	ADDR	_	2.0	<u> </u>
Poge:	1	YES, NO OR UNKNOWN)	no	WAR OR DATES)	none		Stephen A.	McKennev	same	2513	0
Cro		18 CAUSE OF DEAT	H. C. St. and		Company of the Company	Marine S				APPROX	
by th		underlying cause	0	DUE TO, OI	as a gonseon	UENCE OF	in place	entr			
signed hen ple to buric ijury, o	z	PART 2 OTHER SIGN	VIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVE	N IN PART 1	0
mit. Il	A S	19a DATE OF OPERA	TION	10h COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20h JE YES	WERE FINDI	NGS
hos ene	CERTIFICATION	THE DATE OF GLERA		1,2 00.101		.,, 0, 2,,,,,,,		YES NO		ING CAUSES	
Hygin 18 sh		210 ACCIDENT WAS UND	Logo	21b. TIME O	M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18, PA	RT 1 OR PART 2)	
riol- riol- fem	3	(IF EITHER, NOTIFY MEDIC		Ρ.		19					
d AM	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY REET, FACTORY, OFFICE	FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	
fter os th th on orke	1	AT WORK AT WO	ORK			1	220	11 0	20	Cal	
R: A Use Jeal		22a.1 certify that (1)		ol) of ded the	e de eosed from	ET!	198	7 , to 10 y	1	907	that
of the set		sow the deceose obove, (1) (we) (c		view the local	ofter death.		d that in (my) (our) opinion	n death occurred on the	ote and hour	ond from the	cous
DIRE ochec Dept f Hen		22b. SIGNATURE	Bo.	MA	Q 1		DEGREE ATTENDING	MEDICAL _ STA	EE	22c. DATE	SIGI
T e et		00	100	0/00	() (	no	PHYSICIAN	DIRECTOR PHYSI	CIAN	0.40	7
d be d be d be d sto		22d PHYSICIAN'S NA	AME (TYPE OF	PRINT)			22e ADDRESS				
			1						-		

23b. DATE

8/31/84

Hardesty Funeral Home Ann. Md 21401

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

23c. NAME OF CEMETERY OR CREMATORY

12 AD Ridgely Ave.

Lakemont Cemetery

REG. NO

2h HOUR

12b. KIND OF BUSINESS OR

STATE

23d. LOCATION

CEP 4

1984

DavidsonvilleA 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR & SIGN AND BOOK

IF UNDER 24 HRS

DHMH - 16 50M 1/76 (VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

24 FUNERAL DIRECTOR





NAME OF THE PARTY OF THE PARTY

get at a second second

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6.4	4	- 8

REGISTRAR				CERTIF	CATE OF DEATH	REG. NO	)		
I. DECEASED NAME	FIRST	M	NODLE	1	AST		MONTH DAY	YEAR	26 HOUR
(TYPE OR PRINT)	FRANC1	S	В.	MC K	ENNEY	AUGU	ST 20.	1984	12:15p M
3. SEX	4	RACE		5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF L	INDER TYEAR	IF UNDER 24 HRS
MALE		WHITE	1	Dec.	16° 1918	65	YRS.	ITHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE	E OR FOREIGN 71	CITIZEN OF V		ITRY? B		9 BALTIMORE CITY O		DEATH	
Dela.		II.S	S.A.	WIDOWE	DI NEVER MARRIED U	BALTIMORE	CITY		MD.
10 CITY OR TOWN OF		1. NAME OF H	OSPITAL, N	URSING HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATE		126 KIND	Tumbing
BALTIMORE				ENTER BA	LTO MD	Estimato			ating
USUAL RESIDENCE IF 130. STATE Md.	NURSING HOME OR O 13b. COUNT	THER INSTITUTION	130 CITY OR	BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13. STREET ADDRESS /		71	race
14 FATHER'S NAME FIRST		Bavaro	MC	Kenney	is mother's maiden nad	A . MIDDLE	(	Campi	21217 bell
160. WAS DECEASED E	VER IN U.S. ARM	ED FORCES?		SECURITY NO.	17 INFORMANT	ADDRE	Santon	Dol:	a. 19804
YES, NO OR UNKNOWN	I IL AEZ GIAE	T T	222 0	9 6989	Daniel McF	Kenney 171	änton 3 St.	Dela	iel Ave
Conditions, if gove rise to couse (o), s	DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost    B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)								
PART 2 OTHER  190 DATE OF OP  210. ACCIDENT WA					NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b IF YES, V	VERE FINDI	
OR CONTRIBUTING	CAUSE OF DEATH	P.A	M. MONTE	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
ANHIE NO	OT WHILE TO THE	(AT HOME STRI		FFICE FARM, ETC )	STREET	( 11 Y OF TO	NN	COUNTY	STATE
22s 1 certify the	27a 1 certify that X (this haspital) attended the deceased from July 23, 1984; to August 20. 19—saw the deceased alive on August 20. 19—84—, and that in (nX) (aur.) opinion death accurred on the date and hour and above, X (we) (did) (dixXx) view the body after death.							nd Irom the	that <b>X</b> (we) lost couses stated
1	Solyerio	- m			DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAF DIRECTOR PHYSIC		8/	21/84
EDWARD B	OFFIUN	D			3900 Loch R	aven Blvd.	Balto N	ld 212	218
230 BURIAL, CREMATI	ON, REMOVAL	236. DATE			EMETERY OR CREMATORY	23d LOCATION		OUNTY	Dela.
Remo	val	8/24	/84	Cathe	dral Cem.	Wilmin	gton,		pera.

DHMH - 16 50M 4/83 (VRA 15, 4)

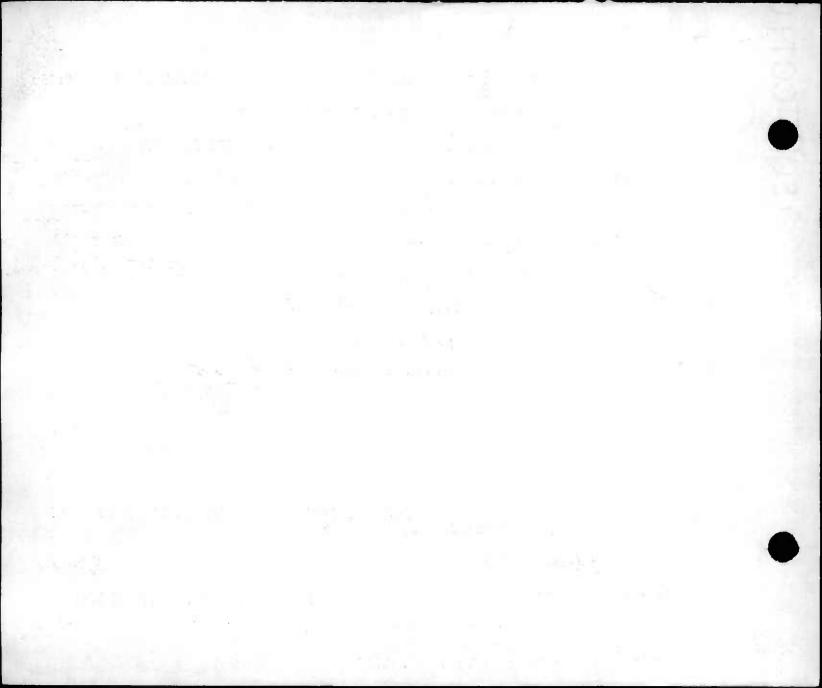
TO FUNERAL DIRECTOR: After should be detached for with the State Dept of H MPORTANT: If he

marked ar Item 18 shows ony

and completely filled in laying one 1, and 2 should be filed

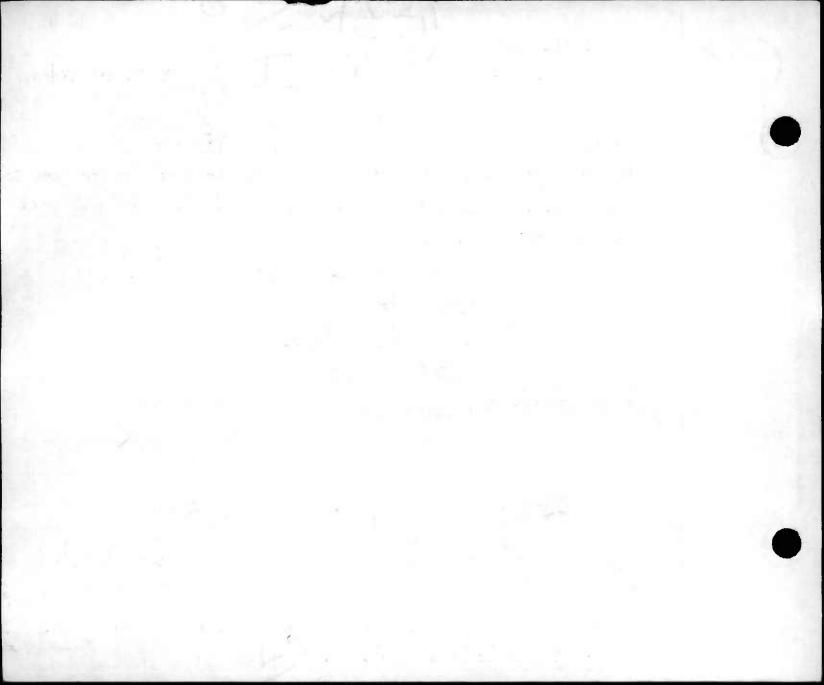
3331 Brehms Lane Balto. Md. 21213

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	SPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours attented
ECO	30
FALR	- Pe
<u>Y</u>	Z.
ONOIS	PHYSIC
DIVI	0
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	PITA

~ 1/1	FOR - STATE REGISTRAR Willia	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  AM John McKew CERTIFICATE OF DEATH  REG. NO.	21516
	DECEASED NAME FIRST  YPE OR PRINT)  U(U)	MIDDLE LAST 2a DATE OF DEATH	8 Z5 84 1240AM
ge 4.	Male	White S DATE OF BIRTH  White S DAY YEAR 6 AGE IN YEARS LAST BR	YRS DAYS HOURS MIN.
1 12 25	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	MARRIED   NEVER MARRIED   Baltin	R COUNTY OF DEATH
1 19 1	3clange	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOTHBUCH FACTUY, GIVE STREET ADDRESS)  Waintenar	F WORKING LIFE) INDUSTRY
# B B 130	~	A. 136 LITY OR TOWN 13d INC IDE TY LIMITS? 130 STREET ADDRESS.	ZIP CODE L Rd ZIIZZ
ond 2	FATHER'S NAME	MIDDLE MOTHER'S MAIDEN NAME PIRST MODELE MIDDLE	Coughtin
Poge Poge	(IF YES, GO	RMED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMAND ADDRESSIVE WAR OR DATES) 212 16 6289 Mary Lou Wise (same	e as 13e)
ires that the death certificate by gned by the ottending physician in please remove corban papers. burial, cremation, or removal.  ry, or other traumatic event, the	PART I. DEATH WAS CAUSE	DUE TO, OR AS A PONSEQUENCE OF  DUE TO, OR AS A PONSEQUENCE OF  (c)  DOWN TO AS A PONSEQUENCE OF  (c)  DUE TO OR AS A PONSEQUENCE OF  (d)  DUE TO OR AS A PONSEQUENCE OF  (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
been si mit. The prior to any inju		196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTO/SY?  YES NO	TOD IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
ENDING PHYSICIAN; The Ideal of or offending physician.  DR. After this certificate has ruse as the burial-transit per Health and Mental Hygiene.  Ne marked or tem 18 shows.  MEDICAL CERTIFIC	OR CONTRIBUTING   CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	
ital OR ATTEN by the hospital RAL DIRECTOR. e detached for us frore Dept. of He		DEGREE ATTENDING MEDICAL STAIPHYSICIAN DIRECTOR PHYSIC	ote and hour and from the causes stated  22t. DATE SIGNED
BB 10 FUNG With the W	BURIAL, CREMATION, REMOVAL (SPECHY) Burial	23h. Date 23h. Name of CEMETERY OR CREMATORY 23d. LOCATION CHYON TOWN DOTSEY	Howard Md.
	FUNERAL DIRECTOR George J. Gono	25a DATE REC'D. BY REGISTRAR	250 REGISLAR'S SIGNATURE  THE DUMP ASON - MANUELLE



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

Item	13a-e pe		ohfor 8/30/8 - STATE REGISTRAR	4 kg		DEPART	MENT OF H	E OF MARYLI TEALTH AND I TICATE OF D	MENTAL HYGI		2 REG. NO.	1 6 1	1
	-		DECEASED NAME	FIRST		MIDOLE		LAST		2a DATE OF DE		DAY YEAR	26 HOUR
1	16		BABY GIRL	TWIN	1.B.	MC	LAUR	MIN			AUG.	17, 1984	5:00 PM
	( A )	3. 5	SEX		4. RACE		S. DATE (		YEAR .	6 AGE (IN YEAR	LAST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS.
_			FEMALE		BLACK		Jul		1984		YR.		
	12 0	7a	BIRTHPLACE   STATE O	R FOREIGN		WHAT COUNTRY?	8. MARRIE	D NEVER	MARRIED V			TY OF DEATH	Maria
	1		MARYLAUD	1221	U.S.A		WIDOWI	D DI	NORCED		MORE		MD.
10	11 3	/	ALTIMURE (		(IF NOT IN SUC	HOSPITAL, NURSING HEACHTY, GIVE STREET	ADDRESS)		OSPITAL	(TYPE OF WORK FO	CUPATION R MOST OF WORKIN		F BUSINESS OR
ND 212	Miles in		UAL RESIDENCE (IF NO I. STATE md		OTHER INSTITUTION		E ADMISSION)	134 INSIDE C		13e STREET ADI			22.20
Z.	1 22 1	14.	FATHER'S NAME		WIDDLE	LAST			S MAIDEN NAM	ΛE	JDD16	W PAGE E	i LCL
WA	a de de 350	0	KEITH		AID OIL	LOVELAC	E	PELC	PRES	REL	JEE		LAURIN
IMORE,	Pages 1		WAS DECEASED EVE (YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	NA SOCIAL SECTION	JRITY NO.	DELORES	MC LAUF	UN A42	ADDRESS LTO MI	lorview	RD.
SALT	sicia spers rol.	F	18 CAUSE OF DEA	TH (Enter an	ly ane cause per	line for (a), (b), ar	nd (C).)		00114	DOT-			MATE INTERVAL ONSET AND DEATH
15	p phy on p c emon		PART I. DEATH					LAR	COLLA			AUG.	17, 1984
PRESTON ST	nding corbing ar r				DUE TO, Q	R AS A CONSEQU	ENCE OF	ACLUTE !	re wal fa	HURE;	AIG.	Y 0	11 1001
EST	offe over officer		Conditions, if ar		(b) 3	alculus 1	KIRANAM	WE JI	app.	MARKET	4	AUG	11,1984
W. P.	inot the log the eose remonstrated in other t		cause (a), sta	ing the	DUE TO, O	RAS A CONSEQU	PROF	BABLE	STAPH	1. Aur	EUS	AUG	11, 1984
5, 20	gner an plic buri	1,								NAL DISEASE O	RCONDITION	GIVEN IN PART TO	
ORD	en si en si or ta y inju	Š	PREMATI		D	HOPHLIMOL		DYSPLO					
DIVISION OF VITAL RECORDS.	the law	PEPTIFICATION	19a DATE OF OPER		-	ITION FOR WHICH					O IN CEI	YES, WERE FINDIN RTIFYING CAUSES YES [	
 	ficate ficate front THyg 18 s	/ 4	OR CONTRIBUTIONS	No.	A DIMITO A		AY YEAR		JURY OCCURR	ED (ENTERNATUR	OF INJURY IN ITEM	T8 PART I OR PART 2)	
0	rial renta	1 3	(IF EITHER, NOTIFY ME	DICAI EXAMINER	P.		19	NA					
ISIO	the bury	MEDICAL	21d INJURY OCCU	RRED NA	21e PLACE	OF INJURY V	FARM, ETC )	211 LOCATION STREET	ON WAT	(	ITY OR TOWN	COUNTY	STATE
AIG S	After alth one work		AT WORK AT V	ORK		a days and from	July	1	10 84	*	10. 17	10 84	About the form block
	These I is a		22a I certify that	-		deceased from	D-ZI	nd that in (my)	(aur) opinian o	leath occurred a	n the date and	hour and from the	that (II (we) last
	RECT ed fe pt. o		obove, (I) (we)	(did) (did nat	) view the body	after death.	1	DEGREE	-			22c DATE	
	the	1	(	0.0	raeta	wh		-	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		17-84
E	NER Ded bed TAN	4	22d. PHYSICIAN'S		R PRINT)			22e ADDRES			7		- 165
	etained by TO FUNER should be a with the Ste		ISABELI			TTAROL						L. BALT,	MD.
	- 2	23	BURIAL, CREMATION	Removal			NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY	STATE
	BP	24	FUNERAL DIRECTOR		7	, , ,			25a DATE	REC'D, BY REG	ISTRAR 25b. REC	GISTRAR'S SIGNAT	URE

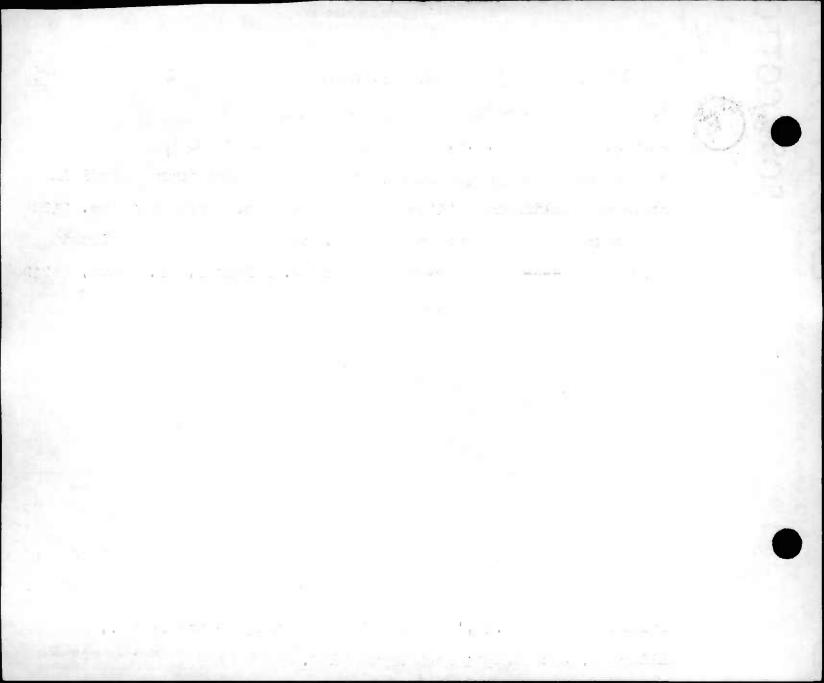
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ADDRESS

Anatomy Board

DHMH - 16 50M 4/83 (VRA 15, 4)

2/	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 4	2 1	0 1 8
deoth deoth	(TYPE	CEASED NAME FIRST OR PRINT Gladys	MIDDLE .	ncler Is DATE O	non		8 /2	S4 SLS
1	_	iemale	white	MONTH	DAY YEAR	79	YRS	DAYS HOURS MIN
	party .	STHPLACE (STATE OR FOREIGN COUNTRY)  Iaryland	76 CITIZEN OF WHAT COUNT U.S.A.	RY? 8 MARRIEI WIDOWE	NEVER MARRIED	Balti Ci	R COUNTY OF DE	EATH
A September 1	10.C	2 timohe	11. NAME OF HOSPITAL, NU- IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS]	HOSO.	120 USUAL OCCUPATE (1YPE OF WORK FOR MOST O Regist)	F WORKING LIFE   INC	kind of Business of Dustry Medicine
filled in ould be f	13e. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE B	OWN	13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS /	ZIP CODE	Ave. 2120
ond 2 sh	14. F/	THER'S NAME Elmer	MIDDLE COMY	oton	IS. MOTHER'S MAIDEN N  Lulu	WIDDLE		Pruett
Poges 1		VAS DECEASED EVER IN U.S. AF VES, NO OR UNKNOWN] (IF YES, GI	UE MAIN OR DATECT	6 4887	Edward M.	McLernon,	Jr. Towa	son, MD21
oeen signed by the ottendini mit. Then please remove corb erior to burrol, cremotion, or re may injury, or other troumotic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICANT  19e. DATE OF OPERATION	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING	QUENCE OF		MINAL DISEASE OR CONI	20b. IF YES, WER	PART IIO  E FINDINGS USED CAUSES OF DEATH?
te hos	ERTIFIC	71a, ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY		71/ HOW INTURY OCCU	YES NO	YES 🗌	NO 🗌
After this certificate of the buriol-trought ond Mentol Himmorked or them 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DE  (IF ETHER NOTE'S MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE  AT WORK  AT WORK	ATH HOUR A.M. MONTH	19	21f LOCATION STREET	CITY OR TO		DUNTY STATE
DIRECTOR: oched for us Dept. of He If Hem 21 is		sow the deceased alive or	ital) attended the deceased from the body attended the body attended the body.	9, or	d that in (my) (our) opinio DEGREE  ATTENDING PHYSICIAN	MEDICAL STAI	FF 2	, that (II (we) los from the causes stated 2c. DATE SIGNED
TO FUNERAL should be deturned by the should be deturned by the Stote important:		22d PHYSICIAN'S NAME ITYPE	C. NS.		Avoel San	nonta Ho	grilet.	Ballo. ml
8P	_	Burial, Cremation, removal Specify)	11		emetery or crematory Ridge Cemet	CITY OR TOWN	nore Co	2.50
H - 16 50M 4/83 (VRA 15, 4)		UNERALDIRECTOR  Lliam E. Joh	nson8521 Too		en Blvd. Al	ATE REC'D. BY REGISTRAR	250 REGISTBAR'S	SIGNATURE Sen-Handell



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

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	R	-	-	11.	FOR STATE
	U	1	/		REGISTRA

## STATE OF MARY DEPARTMENT OF HEALTH AND CERTIFICATE OF

LAND MENTAL HYG DEATH	REG. NO.
	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
20	08 17 84 04.30AM
	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
YEAR	YRS YRS DAYS HOURS MIN.
R MARRIED -	9 BALTIMORE CITY OR COUNTY OF DEATH
DIVORCED	Baltimore City. MD.
ISTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY
CITY LIMITS?	808 St. Paul St. 21202
R'S MAIDEN NA	
aura	Jeffee
AANIT	ADDRESS

	(Moude	aud		W- bt	nerson	C	8 1	7 84	04.30
3. SE	EX _	4. RACE		5. DATE O		& AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	
	-	B		O C	DAY YEAR	75	YRS	MUNTHS	S HOURS M
	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
	N. Carolina	U.S	Α	WIDOWE		Baltimo	re Ci	t 37	
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME O	R OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126 KIND	OF BUSINESS
F	Baltimore		H FACTLITY, GIVE STREET Y HOSPI'			(TYPE OF WORK FOR MOST	OF WORKING LI	FE) INDUSTRY	4
USU	JAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)					
	Maryland 136. COU	NIY	Baltime		13d. INSIDE CITY LIMITS?	808 St.	Pau1	St.	21202
	ATHER'S NAME		Dartimo	ore	15. MOTHER'S MAIDEN NAM	AE .	10.0		
100	Bill	MIDDLE	Richar	d	Laura	WIDDLE		Jeff	AST O
16a Y	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDR	ESS	OCII	
	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)					000 **	MA TA	
_	Jnoknown				Mardie McP	herson 2	923 W	PSTWO	XIMATE INTERVAL N ONSET AND DEA
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per ED BY:	-					BETWEEN	N ONSET AND DEA
	IMMEDIA	TE CAUSE (o)	Sep	5.2					
		DUE TO, OF	R AS A CONSEQUE	NCE OF					
	Conditions, if ony, which gove rise to immediate	(b)_							
0	couse (a), stating the	DUE TO, OF	R AS A CONSEQUE	NCE OF					
	underlying couse lost.	( (c)							
7	PART 2. OTHER SIGNIFICANT			DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GI	VEN IN PART	110
CERTIFICATION	wexapalis			cno	1 Forlars				
CA	190 DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FIND FYING CAUSE	
TIE.						YES NO		ES 🗆	NO 🗆
8	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING T CAUSE OF DE	110110 4	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART 2)	
	(IF EITHER NOTIFY MEDICAL EXAMINE		M.	19		1-1			
	216 INJURY OCCURRED	21e. PLACE	OF INJURY	ARM ETC 1	211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , ,						
MEDICAL	WHILE NOT WHILE AT WORK				E E	70 - 100		19 8-4	. that-the (we)
				8-11	19.84				
	220.1 certify that (I) (this hosp			. /	nd that in lay (au) opinion o	leath occurred on the c	date and ho		e couses stated
	AT WORK AT WORK			J., or		, ta	date and had	ur and fram th	e couses stated
	220.1 certify that (1) (the hosp saw the deceased alive of above, (1) well (did) (did not be says)			J., or	DEGREE ATTENDING	MEDICAL STA	AFF	22c. DAT	
	220.1 certify that (1) (the hosp saw the deceased alive of above, (1) well (did) (did not be says)			J., or	nd that in (my) opinion o	MEDICAL STA	AFF	ur and fram th	
	220.1 certify that (I) (this hosp saw the deceased alive or above, (II) well (did not 22). SIGNATURE  226. PHYSICIAN'S NAME (TYPE)	of) view the bady	atter death 198	2 MD	DEGREE  ATTENDING PHYSICIAN  220. ADDRESS	MEDICAL STA	AFF	22c. DAT	
MEDICAL	220.1 certify that (I) (thur hosp saw the deceosed alive or obove, (II) well (did in 222). SIGNATURE  224. PHYSICIAN'S NAME (TYPE:	of view the body  Source Sourc	other death 108	2 mg	DEGREE  ATTENDING PHYSICIAN  220. ADDRESS	MEDICAL STA	AFF	22c. DAT	
WEDICAL 330.	220.1 certify that (I) (this hosp saw the deceased alive or above, (II) well (did not 22). SIGNATURE  226. PHYSICIAN'S NAME (TYPE)	of view the body  Source Sourc	atter death  198  Models  108  108  108  108  108  108  108  10	MD NAME OF C	DEGREE  ATTENDING PHYSICIAN  220. ADDRESS	MEDICAL STA	AFF CIANTE	22c. DAT	

DHMH - 16 50M 4/82 (VRA 15, 4)

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(	Beau	r, page 3 fter death	1
CIVISION OF WITH RECORDS, ACT W. TRESTON ST., DALLINGRE, MARIEMOLINES.	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page marker retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 21 is marked at Item 18 shows any injury, at other traumatic event, the medical examiner must be natified at ance.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 -	STATE REGISTRAR				CERTIF	ICATE OF DE	ATH	REG. N	0.			
		CEASED NAME OR PRINT)	FIRST PERSON	ENON	J.	Mc	White	_	20 DATE OF DEATH	NONTH P	15/84	26 HOU	RSP AM
	3. SEX	male		4. RACE	lack	5. DATE C	DAY	YEAR O 9	6. AGE (IN YEARS LAST BII	N	IF UNDER 1 YEAR	IF UNDER	24 HRS MIN.
g	(	RTHPLACE (STATEORF: COUNTRY)	OREIGN		WHAT COUNTRY?	8.	D NEVER MA		9. BALTIMORE CITY S	YRS. L	OF DEATH		MD.
1	_	TY OR TOWN OF DEA		11. NAME OF H	HOSPITAL, NURSIN H FACILITY, GIVE STREET CHARLES	ADDRESS)	OR OTHER INSTIT	UTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF		126. KIND C	OF BUSINE	
5	130. S M	aryland	136 COUN		GIVE RESIDENCE BEFORE 136. CITY OR TOW Baltin	'N		40 🗆	130. STREET ADDRESS 2417 Lak	evie	w Ave	212	17
	14. FA	John	,	AIDDLE	McWhit	c e		nerfe	MIDDLE	10	LAS	ST	
	()	VAS DECEASED EVER (ES NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	252-18-		Willi		Chadwick		Lakev	view	Ave
	NO	Conditions, if any, gave rise to imm cause (a), statim underlying cause	nediate g the last	(b) DUE TO, OI	R AS A CONSEQUE R AS A CONSEQUE  DITTRIBUTING TO E	ENCE OF	NOT RELATED T	O THE TERMI	NAL DISEASE OR CON	DITION GIVE	EN IN PART 10	a	
2	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?		, WERE FINDING CAUSES		H?
7	MEDICAL CER	216. ACCIDENT WAS UND OR CONTRIBUTING CO. (IF EITHER NOTIFY MEDIC 21d. IN JURY OCCURR WHILE AT WORK NOT WHAT WORK 276.1 certify that (I) saw the decease abave, (Maye) (d 27b. SIGNATURE	AUSE OF DEA CAL EXAMINER RED THLE (this hospy (this hospy did) fold not	21e. PLACE (AT HOME, STR	M. MONTH DAM.  OF INJURY  EET, FACTORY, OFFICE, F	19 ARM, ETC.)	211. LOCATION STREET	19_	ED (ENIER NATURE OF INJURE  CITY OR TO  Leoth accurred on the d  MEDICAL STA  DIRECTOR PHYSIC	ote and hour	COUNTY	that (I/V	we) lost oted
		MARCO	5 13		lic/A	Jr. M	270 ADDRESS	In H	citarles	GE	v. Itos	d-1	1
		Burial, CREMATION,	REMOVAL	8/20			Auburn	_	Ba"1°L"Th	ore,	COUNTY	4	Md.

DHMH - 16 50M 4/B2 (VRA 15, 4)

24. FUNERAL DIRECTOR

Wm C March F/H, Inc. 1101 E North Ave

REGISTRAR 25b. REGISTRAR'S SIGNATURE

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	and the test and the second	

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requires that the death certificate be executed within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN; The law retained by the hospital ar attending physician. ond completely tilled loges 1 and 2 should b

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST		MEADE	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 17 1984 0830
3. SEX	S Brooke	5. DATE OF BIRTH	6. AGE (IN YEARS EAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
MALE	WHITE	06 a7 08	76 YR	
BIRTHPLACE (STATE OR FOREIGH	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Buttimore city or coul	NTY OF DEATH
BALTIMINE	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126. KIND OF PUSINESS O
USUAL RESIDENCE (IF NURSING HO 130 STATE	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) VN 13d. INSIDE CITY LIMITS?	RETIRED	ODE OUT
FATHER'S NAME	MILL ARUNDER ANNARC	15. MOTHER'S MAIDEN N	MIDDLE	LAST
CHARLE.				UEES
(YE NO DUNKNOWN) (FY	s. ARMED FORCES? 166 SOCIAL SECT. 2 18 -01	0 1 11	Meade -	Same as #13
DARTI DEATHINGS C	ter only one couse per line for (o), (b), on		ORRAH	OCE WINTER CHEST AND DEATH
IMME	EDIATE CAUSE 10) MASSIUE	INTRAC RANIAC	HEMM	T HRS
	DUE TO, OR AS A CONSEOU	ENCE OF		
Conditions, if any, which	h (b)			
gove rise to immediate couse (a), stating the		ENCE OF		
underlying cause las				25 11/15/11/11
	ANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OF CONDITION	GIVEN IN PART 110
3 HYPERTEN	USION SUBARU	ACH NUID HEM	ON RUHAGE	
190 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
MONG			YES NOT	RTIFYING CAUSES OF DEATH?  YES NO NO
210. ACCIDENT WAS UNDERLYIN		216 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	
S (IF EITHER, NOTHY MEDICAL EXA	IMINER) P.M.	19		
WHILE AT WORK A TWORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
22e I certify that (I) (this	hospital) attended the deceased from ye on A16UST 17 19 and the body after death.	F344	on death occurred on the date and	hour and from the causes stated
obove, (I) (we) (ilid) (d	id not view the body after death.	DEGREE		22c DAJE SIGNED
13.19.	Shall in	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1 2/2/84
726 PHTSICIAN'S NAME		22e ADDRESS 22	SOUTH GREEN	8 571
LEE M	SCHMIDT	BALT	md 2120	
230 BURIAL, CREMATION, REMO	OVAL 23b DATE 23c	NAME OF CEMETERY OR CREMATOR	23d. LOCATION	COPATY STATE
Burial	Hug 20, 484101	ur Lady of the Fie	lds Millersvill	e H.A. MD
24 FUNERAL DIRECTOR	ADDITOS	250.	ATE REC'D BY RECISTRAR (56 REC)	SISTRAR'S SIGNATUREZ
laylorlune	ral Chapel-Hr	mapolis, In The	2 0 100 1	•
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DHMH - 16 50M 4/83

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(VRA 15, 4)

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STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CERTII	ICATE OF DEATH	REG. N	0.	
. DECEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH		AR 2b HOUR
(TYPE OR PRINT)  WILLIAM	J.	MER.	ENDINO	August 1	1, 1984	9:214
I. SEX	4. RACE	5. DATE O	OF BIRTH	6 AGE IN YEARS LAST BIR	THDAY) IF UNDER 1	
Male	White	Feb		59	YRS	DAYS HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	NTRY? 8	DENEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF DEAT	Н
Maruland	U.S.A.	WIDOWI		Baltimo	re City,	M
O CITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME		120 USUAL OCCUPAT		ND OF BUSINESS OF
D- 14 /	(IF NOT IN SUCH FACILITY, GIVE 2707 Beec		770	Restauran		STRY
Baltimore JSUAL RESIDENCE HE NURSING HOME O			ve.	1.CD Caux an		
30. STATE 13b. COU		RTOWN	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 2707 Beec	ZIP CODE hland Ave.	21214
I. FATHER'S NAME	MIDDLE (A		15 MOTHER'S MAIDEN NA			
John	Merend		Anna	WIDDLE	Cer	rito
o WAS DECEASED EVER IN U.S. A		L SECURITY NO.	17 INFORMANT	ADDR	ESS	
(YES, NO OR UNKNOWN) (IF YES, G	WW II 213-2	0-1948	Mrs. Fran	ces Merendi	no Same	as # 13e
18 CAUSE OF DEATH (Enter of	only one cause per line for (a),	(b), and (c).)	,	1 0	BETV	PPROXIMATE INTERVAL
PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0) (COLOR	un con	MIMMAN (	of Kuns	1. 19	7 7 7
gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON		NOT RELATED TO THE TERM	UN AL DISEASE OR CON	DITION GIVEN IN PA	PT ha
	CONDITIONS CONTRIBUTION	O TO DEATH BUT	NOT RELATED TO THE TERM	TINAL DISEASE OR CON	DITION GIVEN IN PAI	KT IIG
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAI YES	INDINGS USED USES OF DEATH?
On continuous Continuous		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER MATURE OF INJU	RY IN ITEM IS PART I OR PAR	RT 2)
OR CONTRIBUTING CAUSE OF DE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C		211 LOCATION STREET	CITY OR TO	own count	TY STATE
220.1 certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n	A	30 . /	nd that in (my) (our) opinion	deoth occurred on the	ate and hour and Iron	that (II (we) lo
226 SIGNATURE	m Sun	ray		MEDICAL STA		DATE SIGNED
Lawrence Si	//	)	Universit	ty of Md. Ho	ospital	
BURIAL, CREMATION, REMOVA (SPECIEY) Burial	8-14-84		EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Balti	more. Md.	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

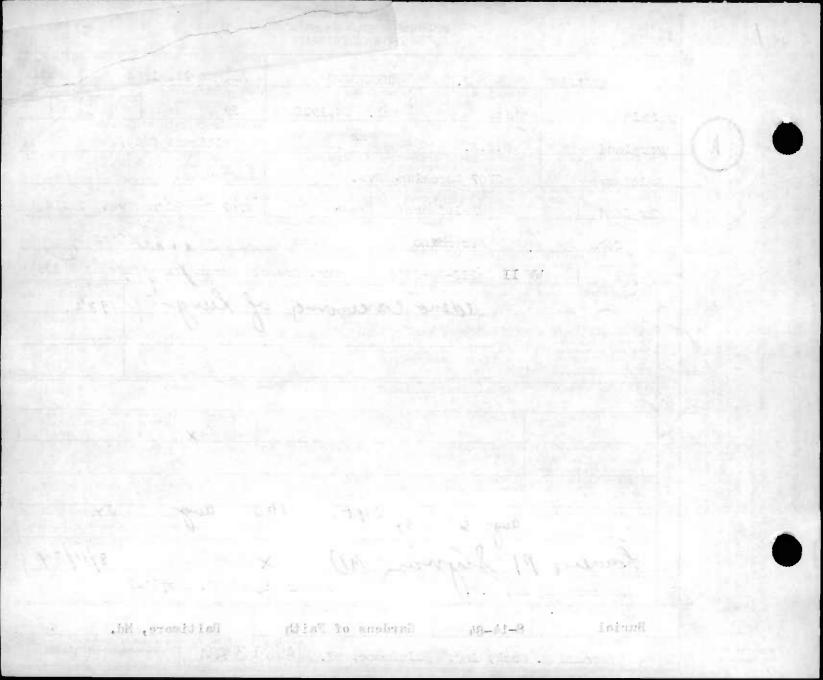
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TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the hospital or attending physician

MAPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept; of Health and Mental Hygiene prior to burial, cremation, or removal.

> 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
AUG 1 3 1984



## CTATE OF MADYLAND

FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY	GIENE REG. NO	2	0 2	3
PECEASED NAME	FIRST	/	VIDDIE	t/	AST	26. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	largare	t		Mer	ryman		8 9	1984	N
EX		RACE	1997	5. DATE O		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	F UNDER 24 HRS
Female		Vauc.		11	28 1912	71	YRS.	MONTHS DAYS	HOURS MIN
BIRTHPLACE (STATE OF	FOREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
Md.		U.S.A		WIDOWE		Baltimo	re C	itv	MC
CITY OR TOWN OF DE	ATH 11	. NAME OF	OSPITAL, NURSIN	IG HOME O	R OTHER INSTITUTION	120. USUAL OCCUPATI	ON	126. KIND C	OF BUSINESS OR
Baltimo		112 1	V. Stree	per	st.	Housewif		E) INDUSTRY	
UAL RESIDENCE (IF NUI STATE Md.	13b. COUNTY		13c. CITY OR TOW Baltimo	N	136 INSIDE CITY LIMITS?	13. STREET ADDRESS	Stre	2/224 eper 5	it.
FATHER'S NAME					15. MOTHER'S MAIDEN NA				
Frank	MID	_	Florian	(T)	Augusta	WIDDIE		Kosv	
WAS DECEASED EVE	RIN U.S. ARME		16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS	11000	CA
NO OR UNKNOWN)	(IF YES, GIVE W		214-26-	8285	Daniel Mer	rryman 11	2 N.	Stree	
18 CAUSE OF DEA	TH (Enter only	one couse per	line for (a), (b), an	d (c)				BETWEEN	AMATE INTERVAL
PART I. DEATH	IMMEDIATE (		A	rteri	osclerotic He	eart Disease		3	yrs.
Conditions, if on gove rise to in cause (a), stat underlying caus	nmediate ing the	(b)	R AS A CONSEQUE	9010					
	GNIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIV	EN IN PART 1	a
19a DATE OF OPER	ATION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FIND	
200		100				YES T NOT		YING CAUSES	S OF DEATH?
19a DATE OF OPER.  21a. ACCIDENT WAS U	CAUSE OF DEATH		M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU			
(IF EITHER NOTIFY MEI		P. 21e PLACE		19	211. LOCATION		_		
WHILE NOT V	WHILE		REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
22a.1 certify that (		4	-6 19 8	}4	3-4 , 19 72 and that in (my) (XX apinion	n death occurred on the d	4-6 ate and hou		that (1) (🎉) last causes stated
226. SIGNATURE	1	C C	oner death.		DEGREE			22c. DATE	ESIGNED
//	whato	^.	1 brun	0	ATTENDING PHYSICIAN	MEDICAL STA		8-	-9-84
224 PHYSICIAN'S N	AME (TYPE OR PE	RINT	P. 19-1-2-4-2		22e. ADDRESS				

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or IMPORTANT: If them 21 is marked or them 18 shows any

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo

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njury, ar other traumatic event, th emation, or removal.

Souce.

236 BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL 23b. DATE

Melito M. Torres, M.D.

231. NAME OF CEMETERY OR CREMATORY Gardens

+41 S. Ellwood Ave.

236 LOCATION

Baltimore

Balto. Md. 21224

Md.

24 FUNERAL DIRECTOR Dabrowski Son 2818 E. Baltimore 80

/84

Faith Balling Store Rec'd. By REGISTRAR 256. REGISTRAR'S SIGNATURE STORE STORE AUG 1 0 1984 A Javidson Handson

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ATTENDING PHYSICIA

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M. The law requires that the death certificate be executed within 24 hours after death. Page 4 meas	calls has been signed by the attending physician and completely filled in by the functiol disease.  Court permit Ten please remove carbonappers, Pages 1 and 2 hourd be filled — common after death Physicia print to burial, cremation, accessival.
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STATE OF MARY	LAND 👼
DEPARTMENT OF HEALTH AND	MENTAL HYGIEN
CERTIFICATE OF	DEATH

STATE OF MARYLAND	12	19	1	Fig.	1
PARTMENT OF HEALTH AND MENTAL HYGIENE	and a	60	1	U	60
CERTIFICATE OF DEATH					

	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	0 2 4
Ì	1 DECEASED NAME FIRST	MIDDLE	LAST	2a DATE OF DEATH MONTH	DAY YEAR 26 HOUR
i	William	D.	Michael Sr.	8	23 84 758 PM
1	1 3EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
I	M	W	Jan. 21,1934	50 YRS	MONTHS DATS HOURS MIN.
1	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED ANEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1	Maryland	USA	WIDOWED DIVORCED	Baltimore C	ity MD.
4	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
1	Baltimore /	Francis Scot	t Key Med. Cente	Bethlehem S	teel
	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 134 COUR Maryland Bal	TOTHER INSTITUTION GIVE RESIDENCE BEFORE TO LINE ESSEX	ORE ADMISSION)  13d. INSIDE CITY LIMITS?  YES NO A	156 Villa Ca	pri Cr.21221
7	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	1
4	Joseph	Michae	el Mary Mary	MIDD{E	Brightwell
Į	160 WAS DECEASED EVER IN U.S. AR	IS WAR OR DATES		ADDRESS	21221
ı	1125,100 011 0111110 11111	218-28	8-2189 Sharon Mi	chael 156 Vil	la Capri Cr.
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO  (b) Mpl  DUE TO, OR AS A CONSEO  (c) SM oc	pullnang and yence of tension yence of	20a AUTOPSY? 20b. IF YE	DETWEEN ONSET AND DEATH  VEN IN PART TIO  SS, WERE FINDINGS USED IFYING CAUSES OF DEATH?
ł	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	71, HOW IN HIPV OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18	ES NO
1	OR CONTRIBUTION CONTRACTOR	HOUR A.M. MONTH	DAY YEAR	TELEGERIAM ONE OF HADDEL HA LEW 18	CHO. OR CARL 2)
1	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
ı	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
	27a. I certify that (I) (this hospi saw the deceased alive an abave. (I) (we) (did) (did no 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE O	R PRINT)	DEGREE ATTENDING PHYSICIAN	deoth accurred an the date and ha	ur and fram the causes stated  22c. DATE SIGNED
	Simeo	n Bardin	1005 NOIN	apoint Blus	
	230. BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial		NAME OF CEMETERY OR CREMATORY acred Heart		ltimore, Md.
	Connelly Fune	eral Home of	Dundalk 250. DA	AUG 2 8 1984	TRARSSIGNATURE BANDER

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this central should be detacted for vie as the burnal with the State Dept. of Health and Menta MPORTANT If hem 21 is marked or the

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OR ATTENDING PHYSICIAN: The low

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BP. DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN; The I retained by the hospital or ottending physician.

## FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1		REGISTRAR		4-11-11			REG. NO.		
		EASED NAME FIRST	MIDDLE		LAST	2a DATE	OF DEATH MONTH	DAY YEAR	2h HOUR
	LITTE	SIDNCY	NMI	MIL	es	8/1	7/84		3:12 AN
	B. SEX		4 RACE		OF BIRTH	91.1.0	(IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	# UNDER 24 HRS.
	,	MAKE	Black	MONT	H GAY YE	AR Q	36 YR	MONTHS DAYS	HOURS MIN,
1	7a B16	THPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	13 8		O DAITE	MORE CITY OR COUR		
51		OUNTRY) ARRYLAND	USA		ED NEVER MARRIE	ED T	BALTIMORE	CITY	
2		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME			IAL OCCUPATION		OF BUSINESS OR
8	B	ALTIMORO CITY	UNIVERSITY OF	INAR.	MAND HOSPI	I TYPE OF	WORK FOR MOST OF WORKIN		
5	13a. S	TATE US COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 130 CITY OR TO MORE CITY BALTIM	WN	13d. INSIDE CITY LIM		ET ADDRESS / ZIP CO		215
06	4. FA	THER'S NAME	MIDDLE LAST	-	15. MOTHER'S MAID	DEN NAME	MIDDLE	Mol	)
	6a W	SIDNLY AS DECEASED EVER IN U.S. A			17 INFORMANT		ADDRESS	7-07	en
1			VE WAR OR DATES) 215-46-		Miles, S	Sidney	ON AD	M155/00	
		18 CAUSE OF DEATH (Enter of	nly one cause per line far (o), (b), o	and Ici.1				APPROX BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAUS	TE CAUSE 10) CARDIO	VASCUL	AR ARRE	087		IMA	MEDIATE
				UCNICE OF		I III S S Day	Laboration of		
		Conditions, if any, which	DUE TO, OR AS A CONSEQ		coole			10	AY
		gove rise to immediate	(b)		50.0				,
	10	couse (o), stoting the underlying cause last.	DUE TO, OR AS A CONSEQ		GANGAEN	10		720	Je
	9		( SYNERG					13011	7.5
	z	0 -	CONDITIONS CONTRIBUTING TO			HE TERMINAL DISE	ASE OR CONDITION	GIVEN IN PART 11	a
-	CERTIFICATION	KENAL FAILL	196 CONDITION FOR WHICH	UB A	buse	120. 4	UTOPSY? 20b. IF	YES, WERE FINDI	ACC LISES
/1	CA	190 DATE OF OPERATION				Dec 10	IN CE	RTIFYING CAUSES	OF DEATH?
1	TE I	8/16/84	DEBRIDGHENT	SYNC				YES [	NO P
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c HOW INJURY	OCCURRED (ENTE	R NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
X	S	(IF EITHER, NOTIFY MEDICAL EXAMINE		19					
	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	FARM, ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	<	WHILE NOT WHILE AT WORK			,			Chr.	
		22a.1 certify that (1) (this hasp	oital) ottended the deceased fram	3/16/	189 19.	, to	8/17	_ 19 84	that (I) (we) last
		saw the deceased alive a	8/17 19			opinian death occi	urred on the date and	hour and from the	causes stated
		22b. SIGNATURE	at) view the bady after death.		DEGREE			22c. DATE	
		OT.L	1 . + 0		ATTENO	DING MEDIC		/ 1	1
1			ware of			CIAN DIRECT	OR PHYSICIAN	8//	7/89
		224 PHYSICIAN'S NAME ITYPE			22e ADDRESS				
		J.T. SCHU	DARTZ JR		122.5	c. GREEN	ve ST.,	BALTIMOS	REIMO
		URIAL CREMATION, REMOVA			CEMETERY OR CREMA		OCATION	1	
	(	PECIFY)	8-23-84 6	arris	io Forrest	V.A. C	wens mil	// COUNTY	NID
1		NERAL DIRECTOR				250 DATE REC'D. E	BY REGISTRAR 256 REC	GISTRAR'S SIGNAT	WPS 1.00
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### STATE OF MARYLAND

	DEPARTMENT OF HEALTH AND MENTAL HYGIENI
E STRAR	CERTIFICATE OF DEATH

FOR STATE REGISTRAR			FICATE OF DEATH	REG. NO.	0 2 0
1. DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Claude	ette L	. Mil:	ler	August 27, 19	84 M
3. SEX	4. RACE	5 DATE (		6. AGE IN YEARS LAST BIRTHDAY	IF UNDER LYEAR IF UNDER 24 HRS
Female	Black	12	12 41	42 yrs.	MONTHS! UAYS HOURS! MIN.
70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH
MD	U.S.			Baltimore Ci	ty MD.
Baltimore		ITAL, NURSING HOME ( LITY, GIVE STREET ADDRESS) an Hospit	OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	12b. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME 130 NTD) TE	DROTHER INSTITUTION, GIVE R	esidence before admission) CITY OR TOWN altimore	134. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 829 Lynhurst	
14 FATHER'S NAME  Emerson	MIDDLE Tho:	mpson	15. MOTHER'S MAIDEN NA Agnes	MIDDLE	nompson
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
NO OR UNKNOWN) (#FYES, C	IVE WAR OR DATES) 2	15-40-7548	Agnes Tho	mpson 829 Lynh	urst St.
Conditions, if any, which gave rise to immediate couse tol, stating the underlying cause lost.	DUE TO, OR AS	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF	and robes le	wn	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  "MALLET TO THE
	CONDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART Ito
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION	FOR WHICH OPERATIC	ON WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \( \text{NO} \)
OR CONTRIBUTING CAUSE OF D	ER) P.M.	MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18. I	PART 1 OR PART ?)
214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF IN (AT HOME, STREET, F)	IJURY ACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
220.1 certify that () (this has sow the deceased live a above (() (we)(did)) did				death occurred on the date and hou	
Ferrar		D, m	D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	276. DATE SIGNED 8/29/84
FRENDENDO	QUERAL		22e. ADDRESS 4000 ANNA	OLIS RD, BOLTING	ona, ud. 21227
230 BURIAL, CREMATION, REMOVA	8/30/8		EMETERY OR CREMATORY US Mem. Pk.	23d LOCATION CHYORTOWN Baltimore	COUNTY STATE MD

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and a should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

injury, or other troumotic event,

MPORTANT: If them 21 is marked or

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

24 FUNERAL DIRECTOR Wm, March F/H 1101 E. North Ave.

Arbutus Mem. Pk. Baltimore Co.

MD

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
ALLG 3 0 1001 Julia Davidson Gandale.

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#### STATE OF MARYLAND

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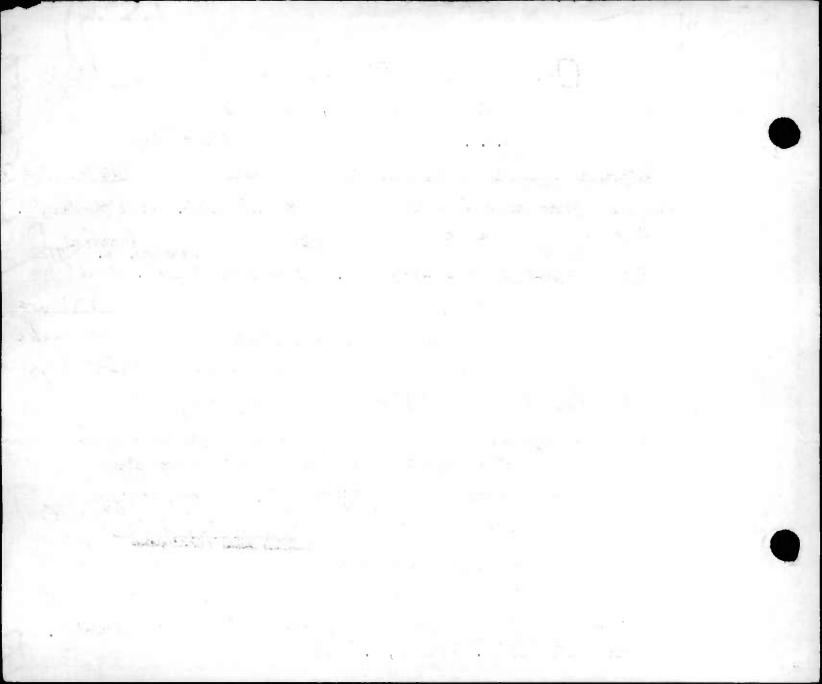
	1 -	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 6	
Ī		EASED NAME OR PRINT)	ort John	M	liller	20-DATE OF DEATH MONTH DA	Set.	26 HOUR 5 3 9 M
l	3. SE)	Male	4 RACE White		iany°5, 1906	78 yrs. MO	UNDER VYEAR	# UNDER 74 HRS. HOURS MIN.
l	5	RTHPLACE (STATE OR FOREIGN DUNTRY) OWA	75. CITIZEN OF WHAT COUNTRY?	WIDOWE		Baltimore City or County of Baltimore City		MD.
L		Baltimore	11. NAME OF HOSPITAL, NURSIN Baltimore (ity)	Burn C		120 USUAL OCCUPATION (Type of work for most of working life)	126 KIND O	en Paint
İ	130 S	ingland Ann	NE OR OTHER INSTITUTION. GIVE RESIDENCE BEFOR OUNTY THE Arunde 13 Pasaden	/N I	13d INSIDE CITY LIMITS? YES NO 🏞		et Pasi	adena, Md.
ł		THER'S NAME KORL	MIDDLE Miller LAST		15. MOTHER'S MAIDEN NAME Carrie	ME MIDDIE APARTSILAENA.	Unknou	un)
		VAS DECEASED EVER IN U.S. (IF YES, NO OR UNKNOWN) (IF YES, 192	ARMED FORCES? 166 SOCIAL SECU 3. GIYE WAR OR DATES) 228-10-3		Mrs. Sheila	Miller 751 224th.	Street	
		PART I. DEATH WAS CAL	er only one couse per line for (a), (b), on USED BY: DIATE CAUSE (a) Metau	solic	Acidosis		BETWEEN	8 haurs
١		Conditions, if ony, which gove rise to immediate	DUE TO, OR ASSA CONSEQU	Fai	lure / Sef	os is	2	weeks
		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	nice/	Infected	Burns	20	days
	MOIT	PART 2 OTHER SIGNIFICAN Bleeding 190 DATE OF OPERATION	nt conditions contributing to	Vari	ces: Coaox	LINAL DISEASE OR CONDITION GIVEN  26 AUTOPSY? 1206. IF YES, Y	WERE FINDIN	O' NGS HSED
	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		OFERATION		YES NOW YES	NG CAUSES	
	MEDICAL CI	OR CONTRIBUTING CAUSE OF	F DEATH HOUR SAM MONTH B	AY YEAR		burning a tree st		
	MEC	WHILE NOT WHILE X	( Yard Home Street Factory, Office.	FARM, ETC)	751 224th S	t. Pasadena, Mary	20	SIAN
			ospital offended the deceased from from 6/16/19 d nat) view the body after death.	3 ¢1, on		110000016-0143		course stated
		22d PHYSICIAN'S NAME ITY	mond D. Mas	sin,	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF	8/1	6/84
		KAYMONI	D. MOSSIE	M.D	601 N.		ALTIMO	RE, NO
Į	{	SPECIFY Burial	8/20/84 (ed	lan Hi	EMETERY OR CREMATORY Lemetery Pasadera 125 DAT	Baltimone Anne	Trunde	L Md.
		untain & Tick	Thought and the second	ena, Mo	1. 21122 AUG	EREC'D BY REGISTRAR 256 REGISTR	ion-fone	die

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or other traumatic event, the medical exact



DHMH - 17 (VR A15 ME (5)) 20M 4/82

Wm C MArch F/H Inc.

ENorth Avenue

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EVAMINED'S CERTIFICATE OF DEATH

1 - STA				200	NT OF HEA	ALTH AND M	ENTAL HY		2 REG.	1 0	2	8	
T. DECE	ASED NAME	FIRS <b>P</b> h	ilip	MIDDLE		LAST		Ze DA	TE KNOWN		DAY	YEAR	7b HOUR
(TYPE O	R PRINT)	(Phill		S.		Miller			TH MATED	□ 8	161	9 84	M
1.SEX	4.	RACE	5. DATE OF BIRTH	6. A		IF UNDER 1 YR.	IF UNDER 24			MONTH	DAY	YEAR	2d HOUR
ma 1	le	black	10. 7		30 YRS.	MONTHS DAYS	Hours MI		DUNCED EAD	8	161	84	6:20E
Ta. BIRTH	HPLACE (STATE	E OR	76 CITIZEN OF W		8. <sub>A</sub>	AARRIED X NE	VER MARRIED	9 BAL	TIMORE CIT	Y OR COUN	TY OF DE	ATH	
Mai	yland		U.S.	Α.		IDOWED [	DIVORCED		ltimon	re City	Y,		MD.
Ba	or town of ltimore		Unive	ersity H	ospita		TION 12	FOR MOST OF	CUPATION WORKING LIFE)	TYPE OF WORK	OR I	D OF BU INDUSTE	SINESS
He STAT		UL COUNT	other institution, g Y timore	13c. CITY OR 1 White	OWN	13d INSIDE (		e STREET AD		Line	Roa	d 2	1162
II. FATH	IER'S NAME		WIDDLE	LAST		15. MOTH	ER'S MAIDEN N	NAME	MIDDLE		Į,A		
	Elmer		R.	Mi1			lna				olst		
THE WAS	S DECEASED E	VER IN U.S. ARM	ED FORCES?	166. SOCIAL	SECURITY NO			W 11	ADDR		D . 11		n 4
Υe	es			213-6	8 - 156	9 Ang	ela M.	Mill	er 10	008A	Kedl	ine	Ra.
18	PART I DEAT	H WAS CAUSED	one couse per lin BY: ECAUSE (a)	for (o), (b), one		Les		357		TXT -		ROXIMATE EN ONSET	INTERVAL I AND DEATH
2	8/20	)		AS A CONSEQ	UENCE OF						-	-	
		if any, which	(b)										- 7.3
		ating the under-	DUE TO, OF	AS A CONSEQ	UENCE OF								
-	APT 2 OTHER CICHE	EICANT CONOTTIONS C	ONTRIBUTING TO DEATH	SHT NOT BELLYED TO	A THE TERMINAL	OWELET OR COURTE	AL CHAPTE AND BART A						
	ANT 2 OTHER SIONS	THE TOTAL TO	ONIKIBUTINO TO ULATA	DUI NOT RELATED TO	INE TERMINAL	DISEASE OR COMMITTE	A GIVEN IN PART I	10					
DICAL CERTIFICATION	DATE OF O	PERATION	196 COND	TION FOR WHIC	H OPERATIO	ON WAS PERFOR	MED?		_		20 AU	JTOPSY?	
HE											YF	s (X)	NO 🗆
21	I EXTERNAL		216. TIME O		1	Ic. HOW INJURY	OCCURRED (	ENTER NATURE C	F INJURY IN ITEA	18 PART I OR PA			
# U	NDERLYING ONTRIBUTING	OR CAUSE OF D	EATH 3: 26P.	MONTH DAY	19 84	Driver	in aut	co/auto	impag	ct			
₩ 21	INJURY OC	CURRED	CIDEET EAC	OF INJURY (AT		If LOCATION			RIOWN		YTHUC		STATE
A	VHILE T WORK	NOT WHILE X	str		I	ong Gre	en Pike					to.C	o,MD.
		that I took charge	af the remains de	scribed obave, h	eld on	Autapsy X.	Inspection C	, Inqu		and in my a	pinion		
	-	A.	1	>-			SPECIFY)						
S	CTUAL IGNATURE	& MV	XX	1		M.D. ASS	istant	_MEDICAL EX	CAMINER	DATE		3/17	/84
(T	KAMINER'S NA YPE OR PRINT	2	Ann M/D			ADDRESS_		enn St.		to.,MD	•		
BT	TRIAL	Day.	B / 21 / 84			emetery		23d LOCATIO CITY OR TOWN	Green			ST	Md.
N.	ERAL DIRECTO		ADDRES				250. DATE REC	G 2 O	1984 ASE	GISTRAMS	NATU	Hand	
Wm	C MAr	ch F/H	Inc. 1	101 EN	orth	Avenue			0				

### STATE OF MARYLAND

20b. IF YES, WERE FINDINGS USED

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH 7h HOUR (TYPE OR PRINT) 84 2:15a M STEVE MILLER IF UNDER 24 HRS 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE DATE OF BIRTH MONTH Male White 19 BALTIMORE CITY OR COUNTY OF DEATH 7m. BIRTHPLACE ISTATE OR FOREIGN 25 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY West Virginia Baltimore Gity U.S.A. DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Baltimore VAMC BALTIMORE, MARYLAND 21218 Restaurateur Food USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136. COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 340 S. Oldham Street 21224 Maryland Baltimore YES XX NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE

Nicholas Miller John Anna Anthuli ADOMESS S. Oldham S Baltimore, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO MINSORMANITY B. Miller YES TO OR UNKNOWN) 234 10 4430

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

CERTIFICATION 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOX YES [ 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.

22% SIGNATURE DEGREE 22r. DATE SIGNED STAFF ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT)

20a AUTOPSY?

23c NAME OF CEMETERY OR CREMATORY 23e BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN Burial 8-8-84 Baltimore Oak Lawn Cemetery Baltimore

24 FUNERAL DIRECTOR Micholas T. Matthews, 3021 Eastern Avenue (VRA 15, 4) altimore

250. DATE REC'D. BY REGISTRAR 2516 REGISTRAR'S SIGNATURE . ..

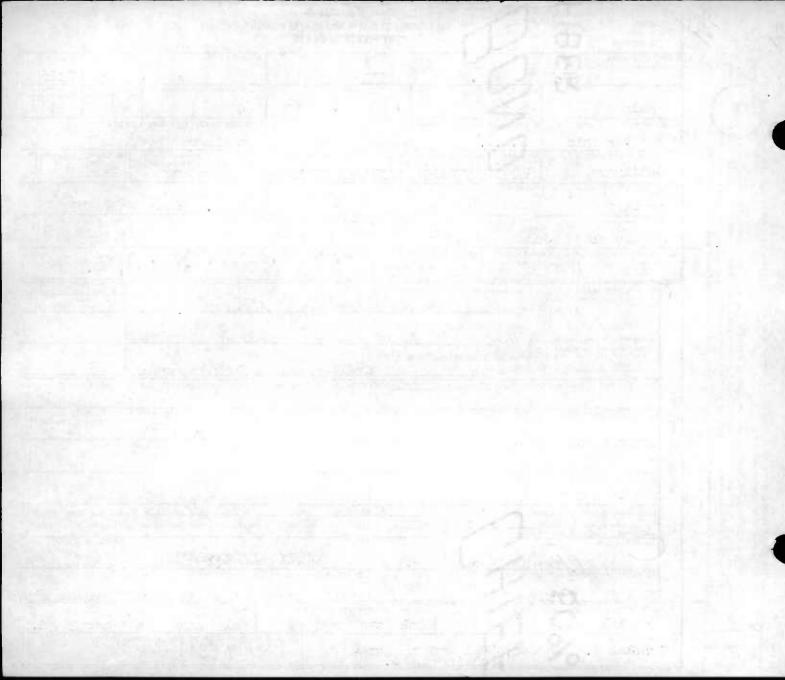
DHMH - 16 50M 4/83

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	500					OF MARYLAND	8 4	2	6	3	U
1.	FOR - STATE			DEPARTA		EALTH AND MENTAL H ICATE OF DEATH	Y GIENE				
	REGISTRAR							REG. NO.			
	CEASED NAME	FIRST	٨	NIDDLE NA 1		AST .	2a. DATE C	Λ	ONTH DAY	YEAR	2h HOUR
	MAN	NIE		lati	1441	SUM		AUGUST	18	84	12:24 AM
3 SE	×	4. RAC	E		5. DATE C	F BIRTH DE YEAR	6 AGE IN	YEARS LAST BIRTHD	AY) IF U	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	FEMALE		THE	E	09	38x 07	76	XXX	YRS.		1
	IRTHPLACE (STATE OR FOI	REIGN 76. CIT	IZEN OF V	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIM	ORE CITY OR	COUNTY OF	DEATH	
	RUSS\$A4		US	A	WIDOWE		BA	UT.	CITY	3.00	MD.
10 C	ITY OR TOWN OF DEAT			OSPITAL, NURSIN		ROTHER INSTITUTION		LOCCUPATION ORK FOR MOST OF W		12h KIND C	OF BUSINESS OR
1	BALT	1	ina	MOSO	uf	BALT		DUSEWIE			HOME
	AL RESIDENCE (IF NURSIN	G HOME OR OTHER	No Tributory	SIVE RESIDENCE BEFORE		13d. INSIDECITY LIMITS		ADDRESS / Z			1D #2121
134.	MO	YYYY	~	20	-	YES NO	6940	Marsi		-	XXXXXXX
14 F	ATHER'S NAME		100			15 MOTHER'S MAIDEN	NAME				
	SAMUEL	MIDDLE	DC	ORTNOT		JENN	TE	MIDDLE		TINTE	
16a \	WAS DECEASED EVER IN	U.S. ARMED F		166 SOCIAL SECU	RITY NO.			TIN MIL	TTCON	DIAN	NOWN
		(IF YES, GIVE WAR C	R DATES)	214-16-	-9522	- 320 WELLES				A D.	10110
	NO					F3ZU_WELLES	LEY RD.	PHILA	DELPHI		MATE INTERVAL ONSET AND DEATH
	18 CAUSE OF DEATH PART I. DEATH WA		cause per	A	A	0150				BETWEEN	ONSET AND DEATH
	1/	MMEDIATE CAL	ISE 10)	CARDIA	C A	RZEST		W 1 3 1 1			
	C Inc. of		UE TO, OF	A CONSEQUE	NCE OF	JOCARDIAL	Tai	TARKE	LOOF	4	DAVIS
	Conditions, if ony, gove rise to imme	diote	C 1/11	PICUTE	1-10	TOCKISITAC	١١١٠	FAICE	1014		-7.43
10	underlying cause	the last.	UE TO, OF	AS A CONSEQUE	NCE OF	Heart F	-	1	113.1		
1.6			0 //-								
z	PART 2 OTHER SIGNA	FICANT COND	HONS CC	NIKIBUTING TO E	DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEA	SE OR CONDII	ION GIVEN	IN PART 16	D
CERTIFICATION	19a DATE OF OPERATION	ON II	h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AU	OPSY? 7	Ob. IF YES, W	FRE FINDIN	NGS LISED
5	DAIL OF GLERAIN			HOTTON WINCH	OI ERRATIO	WAS TEM OWNED		11	N CERTIFYIN		OF DEATH?
- 1	21a. ACCIDENT WAS UNDER	RIVING 7	IN TIME O	F IN II IRY		21c HOW INJURY OCC	YES [	NO NO	YES [	00 8481 2)	NO []
	OR CONTRIBUTING CA			M. MONTH DA	AY YEAR	THE HOW INDOM! OCC	ORKED TENIER	ATORE OF BAJORY II	Allew 10 Lake	OK 7 AK 1 2 )	
EDICAL	(IF EITHER, NOTIFY MEDICA		P./		19	All LOCATION					
MED	WHILE NOT WHILE AT WORK			OF INJURY EET, FACTORY OFFICE F	ARM ETC )	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
	22a L certify that (I)	his hospital of	tended the	e deceased from_	AVG	JST 14 19 8	SY to A	VGUST	18 19	84	that (I) (we) last
	saw the deceased	Lalive on A	UGUS	T 18 19	84 . 01	d that in (my) our opini		red on the date	and hour an		
	22b. SIGMATUR	dridid not) view	the body	atter death.		DEGREE				22c. DATE	SIGNED
	What	Della	u	-	nes	ATTENDING	MEDICA:	STAFF	ND	8/	18/84

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 retained by the haspital ar attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and campletely filled in the should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be tilt with the State Dept of Health and Mental Hygiene priar to burial, crematian, or remayal. BP

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If them 21 is marked at them 18 shows ony injury, at other troumotic event.

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BURIAL REMOVAL

ICIAN'S NAME (TYPE OR PRINT)

MARCO, M.D. <sup>23</sup> AUG. 19, 1984

Snar

21215

BALT.

234 NAME OF CEMETERY OF CREMATORY 234 LOCATION BETH ISAAC ADATH ISRAEL CITY BATTIMORE

MARYLAND

& BROS., INC. BALTO, MD 24 FUNERAL DIRECTOR SOL LEVINSO 6010 REISTERSTOWN RD. SOL LEVINSON

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
AUG 2 1 10921 Julia Davidson Pandere

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# FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR		CEKTIF	ICATE OF D	EAIR	REG. N	0.			
		CEASED NAME FIRST MEH	on Minn	ifeficid"	AST			MONTH	4 84	26 HOUR 4:42	2 M
0	3. SEX	(1/	4 RACE B	S. DATE O		25	6 AGE LINYEARS LAST BE	YRS	MONTHS DAYS	IF UNDER 24 F	HRS AIN.
	C	RTHPLACE (STATE OR FOREAM COUNTRY)	V-S.A.	WIDOWE	- 1	ORCED	Ball	im	ru (	ity	MD.
2.	P	Baltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH EACHLITY, GIVE STR SMOLHOSPI	TA DORESS) of		1715 Inflow	Maintane	OF WORKING LI		OF BUSINESS	OR
	m	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN			13d. INSIDE CI	NO 🗌	3906 F	ZIP GOP	eigh	Ro	ad
	14. FA	ATHER'S MAME  NO SCS	MIDDLE MINNE	neld	15. MOTHER'S	hel	MIDDLE		LAS	ī	
		VAS DECEASED EVER IN U.S., AR YES, NO OR UNKNOWN) (# YES, GIV	MED FORCES? 166 SOCIAL SE VE WAR OR DATES) 236-21	CURITY NO.	13. INFORMA Paulin	e Mic	niefield	390	6 Ford	leigh	, Rd
		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), ED BY: TE CAUSE (b) (ard 10)	In/Wall	in on	est			APPROX BETWEEN	MATE INTERVAL ONSET AND DEA	ATH
		Conditions, if any, which	DUE TO, OR AS A CONSEC	QUENCE OF				7.3			2.5
		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	QUENCE OF							
	NO	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	IDITION GI	VEN IN PART 1	D	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?  YES NO	IN CERTI	S, WERE FINDING FYING CAUSES		
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c HOW IN	JURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)		
7	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM ETC )	21f. LOCATIO STREET	N	CITY OR TO	NWO	COUNTY	STATE	E
		sow the deceased alive an	ital) attended the deceased from		nd that in (my)	, 19 (our) opinion d	, to eath occurred on the d		19 ur and from the		
,		22b. SIGNATURE Clay	tom. Be	ruger !		TTENDING PHYSICIAN	MEDICAL STA		22c DATE	SIGNED 4-84	
		22d. PHYSICIAN'S NAME (TYPE	M. Berger	0	22e ADDRES	A Roll	Ing Bund	Roai	l Bal-	1. Mary	land
	23a. B	BURIAL, CREMATION, REMOVAL PSPECHY) Burial	236. DATE 22 8-9-84 2	OCA ( ) S	. 6 1 T	REMATORY VO	238 LOCATION CITY OR TOWN	١.	COUNTY	MSTATE	id.
	B	uneral director thom	per fitt ADDRES	3 W.	Baeto	AUG	0 7 1984	Julia .	TRAR'S SIGNAT	Pandelle.	

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and com should be detoched for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 & with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayol.

injury, or other troumotic event, the

MATCH AND I I Hem 21 is morked or Hem 18 shows ony

pletely filled in by the funeral director, page 3 nd 2 should be filed within 72 hours after death

executed within 24 hours ofter

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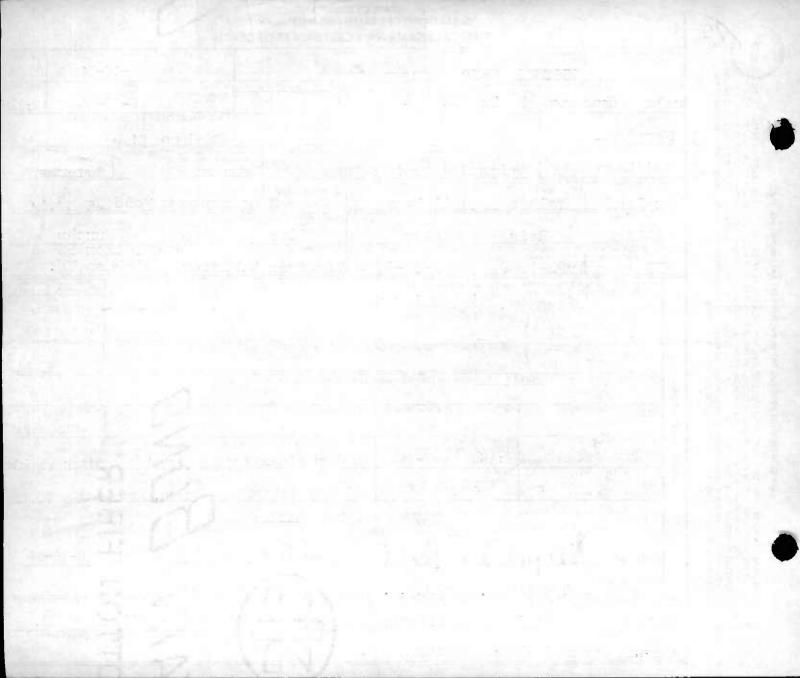
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the retained by the haspital or attending physician.

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20M 4/82

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE		DEPARTMENT OF			tury .	2 1 6	3 2	
	REGISTRAR CEASED NAME		DICAL EXAMIN	AEK.2 C	LAST LAST		REG. NO.	TH DAY YEAR	To
	CEASED NAME SEVER			D		20 DATE KI OF DEATH A		16-84,9	26. HOU
3. SEX		5. DATE OF BIRTH	6 AGE (IN Y	EARS IF UN	DER 1 YR. IF UNDER	24 HRS 24. DATE	MONI	H DAY YEAR	2d HOU
ma		8 22		RS.	DATS HOURS	DEAD	8-	16-8419	12:2
To BI	RTHPLACE ISTATE OR REIGN COUNTRY)  aryland	76. CITIZEN OF WI	HAT COUNTRY?	8. MARR	EDXXNEVER MARRI	IED U	RE CITY OR COU		
	IY OR TOWN OF DEATH	TI. NAME OF HOS	PITAL, NURSING HOM			120 USUAL OCCUPA		RK 12b. KIND OF BL	USINESS
46.	altimore	Univers	cility, GIVE STREET ADDRESS) Sity Hospit		U	Waterman	NG LIFE)	Watern	
130 S			134. CITY OR TOWN Tilghman		13d. INSIDE CITY LIMITS? YES NO X	Cooperto	wn Roa	d 216	71
1	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDE	M4D		LAST	
		Reid	Mister	77.110	Olive 17. INFORMANT	Anna		Murphy .Box 98	
{YI	AS DECEASED EVER IN U.S. ARA	WAR OR DATES)				Wigtor		hman, Md	
Y	ES 1952-			1/00	Virginia	V.MISLEI	. IIIg	APPROXIMAT	
	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED			-:				BETWEEN ONSE	T AND DEAT
-	9100 IMMEDIAT	E CAUSE (a) MUE	tiple inju	ries					
	Conditions, of any, which	DUE TO, OR	AS A CONSEQUENCE	Or					
	gave rise to immediate cause (a) stating the under-	(b)	AS A CONSEQUENCE	0.5					
	lying couse last.	DOE TO, OK	AS A CONSEQUENCE	OF					
	PART 2 OTHER SIGNIFICANT CONDITIONS	(CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 (o)			
MEDICAL CERTIFICATION				25					
CAI	190 DATE OF OPERATION	196 CONDI	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?					20 AUTOPSY	?
RTIF	an extension Calles was			Transition of				YES 🗌	NOX.
2	216 EXTERNAL CAUSE WAS	HOUR AM	MONTH DAY YEA	P	OW INJURY OCCURRE				
NCA.	CONTRIBUTING CAUSE OF D	21e PLACE		SUI	oject pinne	ed between	truck ar	nd other	vehic
ME			OUNDS OF		Ighman Isla	CITY OR TOWN	4	COUNTY	STATE
	AT WORK - AT WORK	9,	041143 01	111		-	ston, Mar	ryland	
	220 I certify that I took charg	e of the remains de	-	Autop	sy Inspection		, and in my	apinian	
	death resulted from Natur	al causes 🔲,	Accident X, S	uicide	, Hamicide	Undetermined man	ner,		
,	ACTUAL SIGNATURE	hate h	e youl	(	TITLE (SPECIFY)  D. Assistan	T_MEDICAL EXAMI	DA'	TE 8-16	5-84
	EXAMINER'S NAME (TYPE OR PRINT) Marc	arita A.	Korell, M.D			Penn Stree	†		
(5	JRIAL, CREMATION, REMOVAL 2		23c. NAME OF CE			23d LOCATION CITY OR TOWN		OUNTY S	TATE
		8-18-84	Tilghma	n Ce		Tilghma	n Tall		MD.
	INERAL DIRECTOR	ADDRESS	Feator	ма	250. DATE	15 2 0 984	TUNE STRAF	A LIGHTING A	Janes St.
N	ewnam Funeral	nome	Easton,	rid.			U		



may be

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

REG. N	10.			
DATE OF DEATH	MONTH	DAY Z	YEAR YEAR	26 HOUR

0

	REGISTRAR	CER	THICKIE OF DEATH	REG. NO	<b>5</b> .	
	ECEASED NAME FIRST HE	exter Milson	LICHELL LAST	20. DATE OF DEATH	MONTH DAY YEAR 2 84/	26 HOUR
3 SE	EX		TE OF BIRTH	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR	
	Male	White "	92 29 99	84	YRS.	HOURS MI
70. B	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	RRIED NEVER MARRIED	9. BALTIMORE CITY O		
5 1	West Virginia	U.J.A. WIDO	OWED XX DIVORCED	Baltimore	e (ity	
10 C	Baltimore	11. NAME OF HOSPITAL, NURSING HON HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FRANCES SCOTT Key	1	120 USUAL OCCUPATION OF TO RETURN	ON 126. KIND INDUSTRY	of BUSINESS
13a.	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Maryland	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSI ITY 13C. CITY OR TOWN Baltimore	130. INSIDE CITY LIMITS?	130. STREET ADDRESS	ey Street 21	Steel 1224
	Isaac	C. Mitchell	15. MOTHER'S MAIDEN NA  Jacks   WIDDLE	Price	AST 2	
	WAS DECEASED EVER IN U.S. AR.  (YES, NO DO UNKNOWN)  (IF YES, GIV	16b SOCIAL SECURITY NEWAR OR DATES) 232-03-1635		hell 6814 (d	onley St. 21	
	PART I. DEATH WAS CAUSE	ly ane cause per ling far (a), (b), and (c), DBY:  E CAUSE (a) Cardin Res	pinatory Fa	elune	BETWEEN	DXIMATE INTERVAL N ONSET AND DEA
	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	1 101	tim c	VA .	
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE O	OF .			
	PART 2 OTHER SIGNIFICANT C	(c)	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1	1(0)
8	The state of the s	OTOTIONO CONTRIBUTIONO TO PETITI	SOTTION REPAIRS TO THE TERM	THE BIOLEAGE ON CO. I		
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY YE	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART T OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC	211 LOCATION	CITY OR TO	WN COUNTY	STATE
	saw the deceased alive an	differenced the deceased from	ond that in (my) (our) apinion	death accurred an the do	ate and hour and from th	, that (I) (we) ne causes stated
	22b. SIGNATURE	Val	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAR	FF _	TE SIGNED
	22d. PHYSICIAN'S NAME (TYPE O	VALONE	FSKA	15		3113
230	BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial	0101	of CEMETERY OR CREMATORY Haven Mem. Park	Gien Bur	rie A.A.Co.	. Md. STATE
	FUNERAL DIRECTOR	& Son Inc. "6224 Ea	250 DA	TE REC'D. BY REGISTRAR UG 3 1984	25beregistrar's signa Junia Davidson	ATURE - Mande

DHMH - 16 50M 4/B2 (VRA 15, 4)

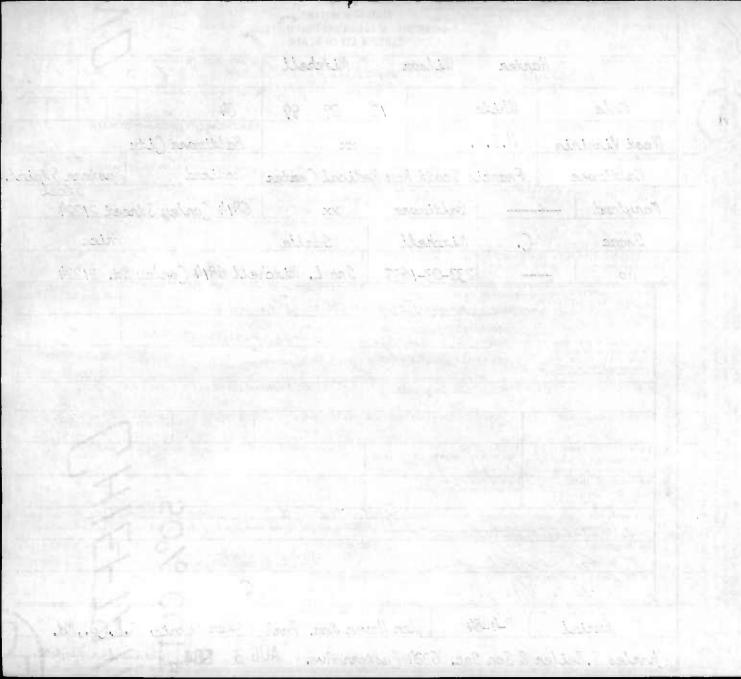
BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the  $t_{\rm in}$  should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

etoined by the hospital or attending physician.

FOR STATE



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a part	O HOSPITAL OR ATTENDING PHYSICIAN: The le	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral attentions should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 2 minus with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.
	PIT	Sto Sto
	10s	the the
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. For exercised by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral attentions should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 22 hin with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

## STATE OF MARYLAND

DEPARTA	MENT OF HEALTH AND ME CERTIFICATE OF DE	REG. N	10.		0			
DLE	Klitchel	20 DATE OF DEATH	MONTH	PYR	84	26 HOU	35 An	
	5 DATE OF BIRTH		6. AGE (IN YEARS LAST BE	RTHDAY)	IF UND	RIYEAR	IF UNDER	24 HRS
ck	9 ,16	42	42	YRS	MONTHS	DAYS	HOURS	M IN.
HAT COUNTRY?	8		9. BALTIMORE CITY	OR COUNT	Y OF DE	ATH		

		CEASED NAME FIRST	WIDDLE	(1)	AST / / //	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	(Tree	E OR PRINT!	LA	M	Ixchell	8	24 84 11 AM
1	3 SE	X	4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
/	10	Female	Black	MONTH	16 42	42 YR	MONTHS DATS HOURS MIN.
8		IRTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTR	RY? 8	NEVER MARRIED	9. BALTIMORE CITY OR COUN	NTY OF DEATH
535		ryland	U.S.A.	WIDOWE	_	City BAT. 7	TIMORE. MD
be	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
3	1/	saltmore	UNIVERSITY		CAL	THE OF WORK FOR MOST OF WORKING	(ME) INDUSTRI
be		AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)		13e STREET ADDRESS / ZIP CO	205
35		ryland	JNTY 136. CITY OR TO Balti		13d. INSIDE CITY LIMITS?	40 N. Kossut	
ner		ATHER'S NAME		more	15. MOTHER'S MAIDEN NA	ME	
E/27		James	MIDDLE Pratt		Maggie	MIDDLE	V a u a a
0	16a. V	WAS DECEASED EVER IN U.S. A		CURITY NO.	17 INFORMANT	ADDRESS	Young
medico	(	YES, NO OR UNKNOWN) IF YES. G	2 18-4	2-9451	Sam Mitch	e11 40 N. Kos	suth Street
the the		LIL CALISE OF DEATH (Fator of	anly one cause per line for (a), (b),		Dam HILLEH	CII 40 N. ROS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rent,		PART I. DEATH WAS CAUS	SED BY:	ic fait	ure result	ino in Coma	- Lulek
ic e		IWWEDIA	ATE CAUSE (a)	1-00	00, 0		
O E		Conditions, if any, which	DUE TO, OR AS A CONSEC	STOLD (	breast (	vinoma	2 years
- fr		gave rise to immediate cause (a), stating the	(6) 17000	5100110	0.000.	o rancono -	
or athe		underlying cause last.	DUE TO, OR AS A CONSEC	OUENCE OF			
Ö		PART 2 OTHER SIGNIFIC ANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART TIP
njury,	Z						
any	Ā	190 DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED
38	CERTIFICATION					YES TO NOT	YES NO THE
18 sh	E E	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN HEM	18 PART I OR PART 2)
Hem		OR CONTRIBUTING CAUSE OF D		DAY YEAR			
or He	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION	CITY OR TOWN	COUNTY STATE
marked	×	WHILE NOT WHILE AT WORK	I AT HOME STREET, FACTORY, OFFI	CE, FARM ETC )	STREET	CITY OR IOWN	COUNTY
E			pital attended the deceased from	8/8	5 10 8	3 10 8/ay	19 84 , that (1) (we) last
21 is		sow the deceased olive, a	01311	Drie	id that in (my) (our) opinion	death occurred on the date and	hour and from the causes stated
E		22b. SIGNATURE	Not the body oner deem	1 10	DEGREE		22c. DATE SIGNED
=		1 1/11/4	Kartos 1	M	ATTENDING PHYSICIAN	MEDICAL STAFF	18/24/81
X -		22d. PHYSICIAN'S NAME (TYPE	OR PRINTI		22e. ADDRESS		
PORTAN		KITT	KANTOK	ELCA			
3-1	-	1100.1			1		

230. BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY Mount Auburn Cem.

Cem. Baltimore, Md.

24 FUNERAL DIRECTOR

FOR - STATE REGISTRAR

Wm C March F/H, Inc. 1101 E North Ave.

8/30/84

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

# OL 18 7 8 7 10 7 1. 2/2057 Landwins 4 Signer 3 1 XI Comban X AND THE PROPERTY OF THE PROPER strongers strongered X 2-miles southed 1.971 PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADM The second of transfer with the second 10/5/2 6 X - 1 20 - 1 (10 - 10 ) 1 - 1 (10 - 10 ) The Had John in I'm Little Ugarstap man in The same of the sa requires that the death certificate be executed within 24 hours after death. Page 4 may be

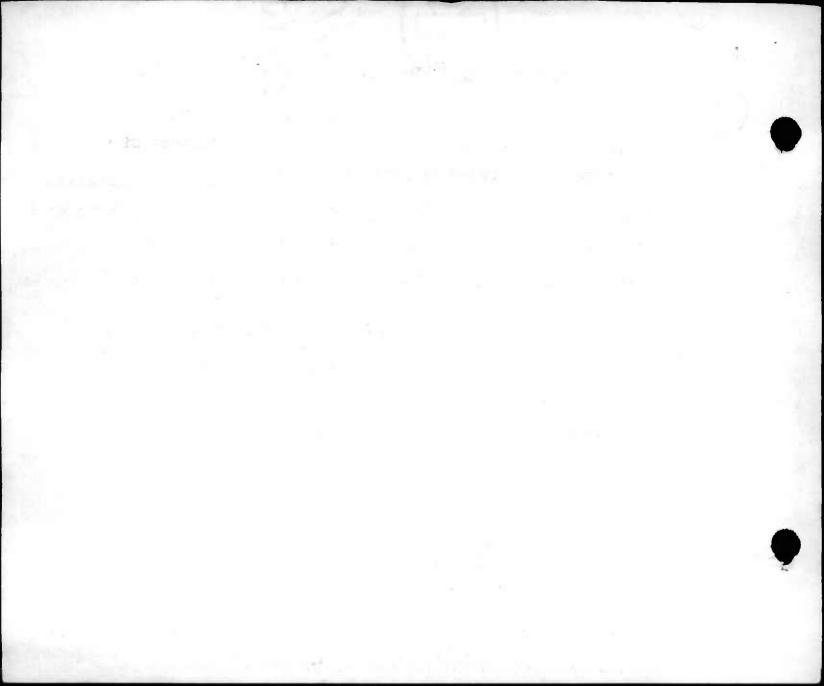
TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital or attending physician

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	1 ~	STATE REGISTRAR					ICATE OF DE	ATH		REG. NO	).		
		CEASED NAME ORPRINT)	PIRST	IE	DEAN Ex	coks Moo	DY		20 DATE OF	FDEATH	MONTH DS 1	7 84	26 HOUR
	3. SE)			4. RACE		5. DATE (	OF BIRTH	YEAR	6. AGE (IN)	EARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR
1		FEMALE ISTATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTE	bec RY? 8.		911	9. BALTIMO	RE CITY OF	R COUNT	Y OF DEATH	
67		N. Y.		71.5	A.	WIDOWE		ORCED [		ltim			٨
44		or town of DE. Baltimor		(IF NOT IN SU	HOSPITAL, NUR ICH FACILITY, GIVE STI NION ME	RSING HOME OF REET ADDRESS!	1 Hosp	ital		OCCUPATION FOR MOST OF		FE) INDUSTRY	OF BUSINESS C
36	USU/ 13a. S	AL RESIDENCE (IF NUR TATE	13b COUN	OTHER INSTITUTION	136. CITY OR TO	FORE ADMISSION)	13d. INSIDE CIT		13e.STREET	ADDRESS /			1218
00	14 FA	THER'S NAME	٨	AIDDLE	Busi	o Vs	15 MOTHER'S		7 7 7	WIDDLE	CCAS	LA	ST
1		/AS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SE	ECURITY NO.	17 INFORMAN	NOW	3 Mas	ADDRES	ss	MPS+x	2215+
vent, me		18 CAUSE OF DEAT PART 1. DEATH V	VAS CAUSEE	y one cause pe DBY: E CAUSE (a)	er line far (a), (b),	, and (c). 1	enti la	my t	inter	V	20110	APPROX BETWEEN	MATE INTERVAL ONSET AND DEAT
Troumotic e		Canditions, if ony gave rise to im	, which	DUE TO, (b)_	OR AS A CONSE	<u> </u>	hmu	Piner	Fail	hus		12.	-16 pm
or othe		underlying cause	e lost	( (c)	OR AS A CONSE		nnVti	M	MW	Lhan		1	3 yr
y inlury.	TION	PART 2 OTHER SIG		nun	m,	unis	_		0	0.00			
2	CERTIFICATION	19a DATE OF OPERA	A	196 CONE	OITION FOR WHI	ICH PERATIO	N WAS PERFOR	MED	YES [	NO	IN CERTI	S, WERE FINDI FYING CAUSES ES []	
em 18 s	_	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEA	TH HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW INJ	URY OCCURR	ED (ENTERNA	NTURE OF INJUR	81 M371 //1 Y	PAR! I OR PAR! ?}	
ked or	MEDICAL	21d INJURY OCCUR	ния 🗆		OF INJURY TREET, FACTORY, OFFI	CE, FARM ETC )	211 LOCATION STREET	٧		CITY OR TOV	WN	COUNTY	STATE
2 l is mor		220.1 certify that (b saw the Decease above/(1)/(we)/	(this haspy	P3 1	other.	00	nd that in (my)	aur) apinian d	ta death occurre	8/12 ed on the do	te and hou	19 YY .	that (I) we lo
IT: If Hem		226 SIGNATURE	En.	LAND C	Aly.	m		TENDING TYSICIAN	MEDICAL DIRECTOR	STAF		- 120 DAJE	SIGNED
MPORTAN		22d. PHYSICIAN'S N	CHAK	D CO	LEAN		22e ADDRESS Un	ion M	emori	al Ho	ospi	tal	
4	(	URIAL, CREMATION, SPECIFY) BUSIC	REMOVAL	23b. DATE 8-17	1-84	30. NAME OF C	EMETERY OR CA	M.PK.	Ba	ATION OR JOWN	ope	COUNTY	Md. STATE
′83	24. FU	INERAL DIRECTOR	Solo (	1.60	Dick 24	BIECO	Vino &	250. DATE	G15	1094		TRAR'S SIGNAL	



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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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64	3	0	63	

1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	0.		
	CEASED NAME	FIRST		WIDDLE	1	LAST	2a. DATE OF DEATH	MONTH DA	YEAR	26 HOUR
(TYPE OR PRINT) WILLIAM			MOORE			28.	1984	4:30a m		
3. SE	х		4 RACE		5 DATE O		6 AGE (IN YEARS LAST BIR		FUNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
	MALE NEGRO			NO	V. 22. 1923	60	YRS.	MINS	HOURS MIN.	
	IRTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	OF DEATH	
501	OUTH CAROLINA U.S.A.					ED DIVORCED	BALTIMORE CITY M			
10. C	ITY OR TOWN OF D	EATH	11. NAME OF			OR OTHER INSTITUTION	12a USUAL OCCUPATI		12h KIND C	OF BUSINESS OR
_	ALTIMORE		VÁ MEDI	ICAL CENT	ER BA	LTIMORE MD	(TIPE OF WORK FOR MOST C	Y WORKING LIFE)	INDUSTRI	
13a. S	AL RESIDENCE (# NU STATE ARYLAND	13b. COUI		BALTIMO	N	138. INSIDE CITY LIMITS? YES NO	11816 ADDRESS	M'A CODEA	VENUE	E 21213
14 F/	JOHN		WIDDLE	MOORE		MARY FIRST	ELTA		B	A'SKIN
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SEC (YES, NO DELINIONN) 16 WAS TILL 214 16 8					DODORINI T MOODE /3 C3 C N			RMAL	AVE.
	18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and I PART I. DEATH WAS CAUSED BY:					monery Arre	t	APPROX BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
7	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									10 wths
CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH				OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \bigcap  \text{NO} \( \bigcap \)		
	2 Id. ACCIDENT WAS U	CAUSE OF DE	AIN	OF INJURY .M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR		1		
MEDICAL	21d INJURY OCCU	WHILE O	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET					CITY OR TOWN COUNTY STATE		
	270.1 certify that XI (this haspital) attended the deceased from August 22, 19.84, to August 28, 19.84, that (IX(we) lost saw the deceased alive on August 28, 19.84, and that in (Xy) (our) opinion death occurred on the date and hour and from the causes stated above; XI (we) (idid) (idix XX, view the body after death.  270. DEGREE  270. DEGREE									
	Padgett mb mpH ATTENDING MEDICAL STAFF & 2							8/28	144	
	Nei	1 Pad	gett			3900 Loch Re		Baltim	ore. M	ld 21218
	BURIAL, CREMATION					TO NEY BY RANDEY	OWINGS	MTTTS	Pagarati Pagara	TA STATE
	BURI.	AL	09/04	./04	. VE	TERANS CEM	OHTHOD!	hit Tille		Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

etoined by the hospitol or

morked or them 18 shows any injury, ar other traumatic event, the

IMPORTANT: If Hem 21 is

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

JR. Md.

250 DATE REC'D. BY REGISTRARIA SEGNATOR SIGNAL SEGNATOR SEGN AUG 3 1

		1-	FOR STATE	MF	DEPARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL	OF DEATH	5 3 3		
		REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  1. DECEASED NAME FRST MIDDLE LAST 20. DATE KNOWN X MONTH DATE.								
	T. S. S. P. S.	(TYP	E OR PRINT)	OTHY	Z POZL	MORRIS	OF FSTI. — D 77 D/			
	SY, PLEA DIRECTO DUR FILE NO STREE	3 SEX		June 3,	YEAR LAST BIRTHDAY	RS IF UNDER 1 YR. IF UNDI				
	FOR YOUTHIN	70 BI	RTHPLACE (STATE OR REIGN COUNTRY)  Tyland	76 CITIZEN OF W	HAT COUNTRY?	MARRIED NEVER MAR				
	H. IF ANY DELAY IS NECSSARY, PLEASE 1, 2, AND 3 TO THE FUNERAL DIRECTOR. 3 REFAIN PAGE 5 FOR YOUR FILES. 2 SHOULD BE FILED, WITHIN 72 HOURS. THAI RECORDS, 201 W PRESTON STREET,	ID. CI	ty or town of DEATH	II. NAME OF HO	SPITAL, NURSING HOME, ACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	THER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)			
21201	ANY DE AND 3 TRETAIN RECORD RECORD	13a S		OR OTHER INSTITUTION, C		N)	STU Housewife Home  13d. INSIDE (ITY LIMITS? YES NO 4 4529 Ed McClain Road, 21770			
ALTIMORE, MD.	F PAGES I	14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE Baugher Mildred I								
		16a V (YI	VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES?  WAR OR DATES)  NONE	217-58-313	9 Monrovis	E. Morris, Sr. 45, Md. 21770	29 Ed McClain Ro		
N ST., B	\$ Z O Z H	3	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE		efar(a), (b), and (c).) Multiple in	juries		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PRESTON ST		/	Canditians, if any, which		r as a consequence o	F				
VITAL RECORDS, 201 W. SHOULD BE EXECUTED WORD "IN PEN	XECUTED WITHIN 16": IN PENCIL IN JAIL SAAMINER A BURILAL-TRANSIT AND MENTAL HYMATION, OR REMO		cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF  (c)							
	BE EXECUDING: NDING: NEDICAL NS A BU NTH AN CREMATI	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	IAL DISEASE OR CONDITION GIVEN IN	PART I (a).			
	A CHIEF A CHIE		19a DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?  YES X NO		
	THE WOOLD BE STANKEN		210. EXTERNAL CAUSE WAS UNDERLYING WOR CONTRIBUTING CAUSE OF	216. TIME C HOUR A./ DEATH 5:545	M. MONTH DAY YEAR	passneger of	RED LENTER NATURE OF INJURY IN ITEM 18 PART an auto/van impa	OR PART 2)		
DIVISION OF	ARDED 1 ARDED 1 ARDED 1 AGE 3 SH ATE DEPA	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, CTORY, FARM, ETC.)	St. Rt. 80&E	d Mclafh°Rar. Fred	ler¶čk,Marylañď		
	FICATE, TE FORW.		22a. I certify that I taak charge of the remains described abave, held an Autapsy , Inspection , Inquiry , and in my apinion death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,							
	AL EXAMPLE CERTIFICATION DE PAL DIRECTION DE PAL DIRECTION DE PAL DIRECTION DE PARTON		ACTUAL SIGNATURE	anto P	meghell	TITLE (SPECIFY)  M.D. Assistar		DATE SIGNED 8-23-84		
	MEDIC RECUTE T AGE 4 SI TER DEA				A. Korell,M.	. ADDRESS 1	I1 Penn Street			
	BP BP	(5	PECIFY) Burial O	NIS. 26 4	1084 Evergree	n Church Cem.	Crozet, Albema	COUNTY STATE		
	DHMH - 17 (VR A15 ME (5))	24 FU	NAME Smith, Keen	ey & Basi	ord Funeral	Home AUB 2	8 1884 Julia Davidson	AR'S SIGNATURE		
	20M 4/82	1	O Daso Onurch	porce of A	rederick, Md	+ CT(AT 1	0			

of its Joseph station by Carl defined by 48al . or , sirgo . - pandon erece, albemen, la.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the formulations about be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be first mining? Thinks with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event,

MPORTANT: If Hem 21 is morked or Hem 18 shows

FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CERTIFICATE OF DEATH

KEGISTKAK				4411111			REG. NO	O.			
DECEASED NAME	E FIRST		MIDDLE	i	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HO	
(TIPE OR PRINT)	Warre	n F	aul	M	orriso			ıg.	7 1984	_	24M
SEX		4. RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIR	(HOAY)	MONTHS DAYS	IF UNDI	ER 24 HRS
Male		Whit	е	Dec.	16	1923	60	YRS.			
BIRTHPLACE (S	TATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8.	NEVER	MARRIED -	BALTIMORE CITY O	R COUNT	Y OF DEATH		149
Pennsyl	vania	USA		WIDOWE		NORCED [	Baltimo	re Ci			MD.
O CITY OR TOWN	OF DEATH			URSING HOME C	OR OTHER IN	STITUTION	12a USUAL OCCUPATE		126 KIND O	F BUSIN	NESS OR
Baltimo	re /	Univ	ersity	Hospita	1		Supervisor			T &	T
USUAL RESIDENCE	(IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE		113d INSIDE	CITY LIMITS?	13e STREET ADDRESS		Tech	nolo	ogist
Maryland		imore		onium	YES [	NO 🔀	2 Digney		21093		
4 FATHER'S NAME					15 MOTHER	S MAIDEN NAM					
Robert	Si	nclair	Mor	rison	Ju.	ia FIRST	L.		Campb	ell	
60 WAS DECEASE	DEVER IN U.S. A	RMED FORCES?		SECURITY NO.	17 INFORM		ADDRE	SS	Cullipa	-	
Yes, no or unkno	OWN) (IF YES, GI	VE WAR OR DATES)	194-	18-5309	Marc	aret A	Morrison	. 2 T	Digney (	Ct	2109
	F DEATH (Enter o				11101	<u> </u>	111011110		APPROX BETWEEN		
PART I. DI	EATH WAS CAUS	ED BY:	1	o, ond ic.					GC) W(C)	ZNASL I XI	NO (NE ATT)
	IMMEDIA	TE CAUSE (0)	jus	min	1 000	~					
Market State of the State of th		DUE TO C	R AS A CON	SEQUENCE OF	3						
Conditions	if ony, which	( ,6)	M	elan	~~~						
	to immediate	(D)_									
couse (o),	stating the	DUE TO, C	R AS A CON	SEQUENCE OF							
Underlying	coose lost.	(c)_									4-4-
PART 2 OTH	ER SIGNIFICANT	CONDITIONS C	ONTRIBUTIN	G TO DEATH BUT	NOT RELATE	D TO THE TERMI	INAL DISEASE OR CON	DITION G	IVEN IN PART I	0	
NO NO											
N 190 DATE OF	OPERATION	196 COND	ITION FOR W	VHICH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?		ES, WERE FINDIN		
<u> </u>							YES NOT		IFYING CAUSES	OF DE	
190 DATE OF 210. ACCIDENT OR CONTRIBUT: 19 EITHER, NO. 210. IN JURY (	WAS UNDERLYING	7 216. TIME C	OF IN JURY		121r. HOW	N JURY OCCURR	ED (ENTER NATURE OF INJUI			110	ليا
OR CONTRIBUT	ING CAUSE OF DE	LIOUS A		H DAY YEAR			(Englishment of the				
O (IF EITHER NO	TIFY MEDICAL EXAMINE		.M.	19	1011 LOCAT	101					
21d. INJURY			OF INJURY	OFFICE, FARM, ETC 1	211 LOCAT		CITY OR TO	WN	COUNTY		STATE
AT WORK	NOT WHILE AT WORK						,				200
22a.1 certify	that (1) (this hosp	ital) attended th	he deceased	from S	//	. 19_ 4	10_ 4/7		19 +4	that (1)	(we) lost
sow the	deceased alive o	8/7	10.00	19 54 ,01	nd that in (m	y) (our) opinion o	death occurred on the de	ote and ha	our and from the	couses	stated
22b. SIGNAT	URE /   did N	of view the body	difer death.		DEGREE				22E DATE	SIGNE	D
	11.41	7,	. 1			ATTENDING _	MEDICAL STAL		11	2/24	
201 BUWEIGI	VI IC	_	_		22e ADDRI	PHYSICIAN _	DIRECTOR   PHYSIC	IAN []	/	1-1	
22d. PHYSICIA	PAME LIVPE				ZZE ADDRI						
	IAIM					Omco					
30 BURIAL, CREM	ATION, REMOVA	236 DATE	DJ TO	23c NAME OF C	EMETERY OF	CREMATORY	23d LOCATION				
Burial		8/11/	84	Arling	ton Ce	metery	Drexel H	Hill	COUNTY	P	a.
4. FUNERAL DIREC	TOR	0/11/	U 1	1			E REC'D. BY REGISTRAR		STRAR'S SIGNAT		
NAME				DRESS		IAHG	8 1004	1.0	-		,
J. E. I	owell L	emmon	, 10 V	V. Pado	nia Ro	1.	0 1304		urdson-Aa	Propos	1

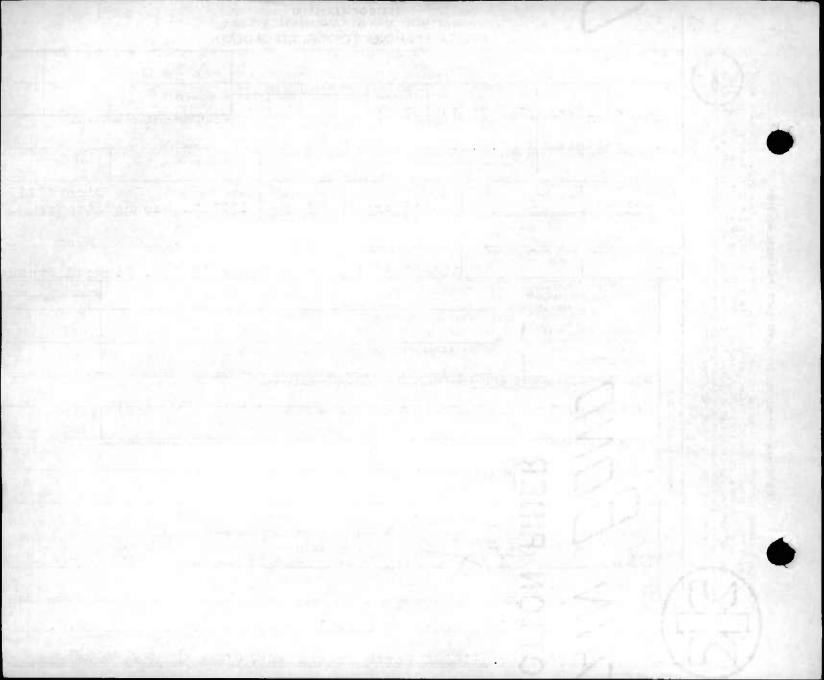
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

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	U	Salar - F	- 4	JI	fall of
<b>t</b> = 3				1.44	T. C.
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STATE OF MARYLAND



BP

DHMH - 16 50M 4/82

(VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2a. DATE OF DEATH MONTH 2b. HOUR 08/20/84 Motschiedl IF UNDER 1 YEAR 5. DATE OF BIRTH 68 22-1916 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED Baltimore 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CUSTOMS SERV. INSPECTOR Johns Hopkins Hospita 21234 13c. CITY OR TOWN 13. STREET ADDRESS 13d. INSIDE CITY LIMITS? BALTO 8808 LITTLEWOOD NON 15. MOTHER'S MAIDEN NAME LAST FIRST HINES SSIE OTSCHIEDLER INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Cardiac arrest 5 men

Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF			3day 5
gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
PART 2. OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART 110
190 DATE OF OPERATION 5/4/84	Angurym Descen	ding Acta	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES  NO
210, ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I ORPART 2)
21d. INJURY OCCURRED	210. PLACE OF INJURY	21f. LOCATION		Service of the Daniel Control

AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) WHILE AT WORK NOT WHILE AT WORK

220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the Body after death DEGREE 22c. DATE SIGNED 22h. SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

8

22d. PHYSICIAN'S NAME (TYPE OR PRINT

MD

22e ADDRESS HOPKINS HOSPITAL

230. BURIAL, CREMATION, REMOVAL

230 NAME OF CEMETERY OR CREMATORY 23d, LOCATION FIRST UNITED EVANG. GRA

STATE

URIAL 24. FUNERAL DIRECTOR

FOR - STATE

(TYPE OR PRINT)

COUNTRY) MARYLAND

3. SEX

CERTIFICATION

MEDICAL

REGISTRAR

To. BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

Baltimore

OHN 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

USUAL RESIDENCE (IF NURSI

ES

MD

4. FATHER'S NAME

FIRST

William

BALTO

(IF YES, GIVE WAR OR DATES! W.W. II

IMMEDIATE CAUSE (0)\_

4. RACE

DECEASED NAME

ALTO.

7527 Har

23b. DATE

Mo. BASTO BASTO X SSS LITTLEWEDD RAI LONN M. MOTECHIERS DESSIE HINES year I year II SIR-UI-8720 March James E. Moter Lindy - 8707 State States BUSINE THE PROPERTY OF THE STATE STA 5 8 940 La Laft Text - well youth

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the depath certificate be executed within 24 hours offer death. Page

4 may

FOR STATE

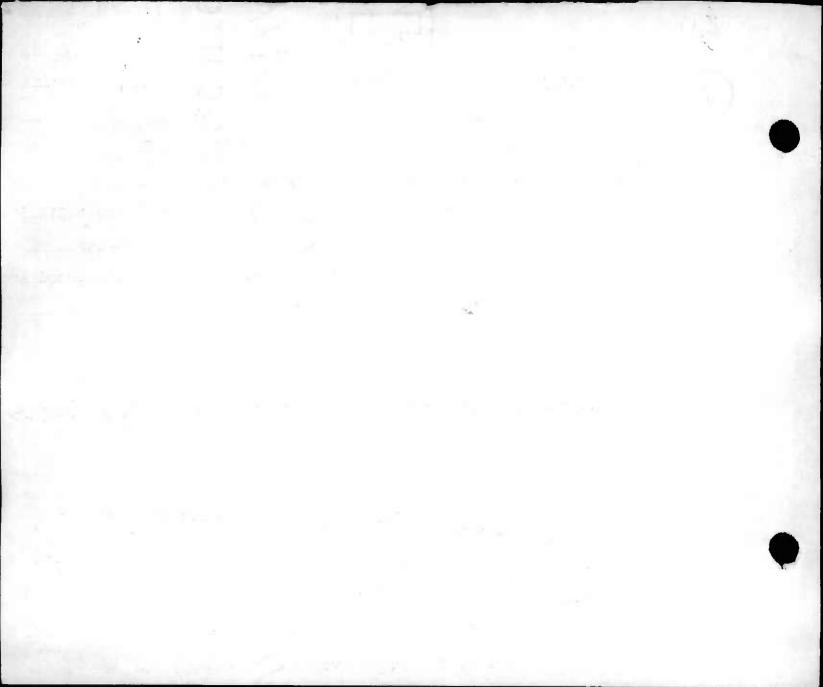
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPIENE CERTIFICATE OF DEATH

	REGISTRAR				CENTIL	ICAIL OI D	EATH		REG. N	0.			
	I. DECEASED NAME	FIRST	A	WIDDLE	l	AST		20 DATE OF	DEATH	MONTH	DAY YE	EAR 2b	HOUR
N	(TIPE OR PRINT)	LUTRA	\IL ·		M	OYE	2			8 2	21 8	34 6	5:45a
	3. SEX	102	4. RACE		5. DATE C		YEAR	6 AGE (IN	EARS LAST BIR	THDAY)	IF UNDER I	YEAR IF	UNDER 24 H
1	mal	е	bl.	ack	8	12	21		63	YRS			
. 7	To BIRTHPLACE (ST	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	D NEVER A	MARRIED -	9 BALTIMO	RE CITY O	R COUNT	Y OF DEA	ſH	
D	N. Card	olina	U.S.	Α.	WIDOWE		VORCED [	BALT	<b>IMORE</b>	CITY	7		
-0	10. CITY OR TOWN	OF DEATH		HOSPITAL, NU	JRSING HOME (	OR OTHER INST	NOITUTION	120 USUAL					SUSINESS
5	BALTIMOR		Loch R	aven '	Vetera	n Admi	nistra						
7	USUAL RESIDENCE	IF NURSING HOME O	ROTHER INSTITUTION.	GIVE RESIDENCE		13d INSIDE C	ITY LIMITS?	13e.STREET	ADDRESS	ZIP COD	)E		
5	Maryland				imore	YES 😿 ·	NO 🗌	20 N				eet	212
Ī	14. FATHER'S NAME		MIDDLE	LAST			MAIDEN NAM	WE	MIDDLE	10	200	LAST	
0	Claude	9		Moy			nnie				Joy		
1	160 WAS DECEASED		RMED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMA	NT		ADDRE	SS			
	YES	Wild (IF IES, O		239-2	8-3197	Bisho	p Geor	rge Mo	oye :	1114	N.L	aker	boow
F	18 CAUSE OF	DEATH (Enter o	nly ane couse per								BET	PPROXIMA WEEN ON	TE INTERVAL
	PART 1. DE	ATH WAS CAUSI	ED BY: TE CAUSE (a)	Cano	10 Mu.	4 Gou	MY A	MUS.	>/				
		WW. DW.		PAS A CONS	EQUENCE OF								
-	Canditions,	f ony, which	(b)	K AS A COIVS	EGOEI4GE OF								
		o immediate	DUE TO O	PAS A CONS	EOUENCE OF								
		cause last.	(6)	K AS A COI43	EOOEIACE OF								
-1		RSIGNIFICANT	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED			E OR CON	DITIBLE	IVEN IN PA	RT Jio	10
	190. DATE OF C	TASTA	TIC D	ROSTA	HTE (A	', 6	BILATE	TRAL	30	ALD	MEZ	5 N	20
a	S 198 DATE OF C	PERATION	196 CONDI	ITION FOR W	HICH OPERATIO	N/WAS PERFO	RMED	20e AUTO	DPSY?	70h IF YE IN CERT	A	<b>PSES</b>	
$\mathcal{I}$	E							YES 🗌	NO	Y	E5 🔲	mestra-e	NO []
7 JA B	On COLUMNICATION	VAS UNDERLYING			DAY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTERN)	LTURE OF INJU	RY IN ITEM 18	PART I OR PA	RT 2)	
71	OR CONTRIBUTE	IFY MEDICAL EXAMINE	AIR		19								
	OR CONTRIBUTE		2 Je PLACE (		FEICE, FARM, ETC.)	211 LOCATIO			CITY OF TO	WN	COUN	IIA	STATE
	AT WORK	NOT WHILE AT WORK											
			ital) attended the			-	1984				. 19_8/		
-1	saw the above. <b>V</b> i	deceased olive or	AUGUS	tter death.	19 84 a	nd that in (X)	(aur) apinion o	death occurre	d on the d	ate and ha	iui and Iroi	m the car	uses stated
	22b. SIGNATU	RE		MIC	11-4	DEGREE					274.	DAY SK	CINED
			Mul	- N1 177	lu		ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	D PHYSK		16	3/2	1/87
$\Box$	22d PHYSICIA	N'S NAME (TYPE	OR PRINT)	1/2	V	27 MODRES	5			011	A . /	1	17
H		1	IFR	en c	F MC	WWI	M. M	1D.	1	-KV	44,	DAZ	T. P
	23a. BURIAL, CREMA	TION, REMOVA	23b. DATE		23c. NAME OF C	EMETERY OR	CREMATORY	23d LOC	ATION				
1 ,	BURTAL		8/25	/84	Branc	h Ceme	terv		envi	110	COUNTY		N C
-	24 FUNERAL DIRECT	FOR		,		- 01110		E REC'D. BY F			TRAR'S SK	GNATUR	
	Wm C Ma	rch F/	H Tng	1 1 0 1	ESS Non-	h 3		000		J. A.	TRAR'S SK	1-1/01	Marie

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

retained by the haspital ar ottending physician.



# KAUFMAN APPROVAL NO

HENRY

STATE OF MARYLAND

	1-	STATE REGISTRAR		DEPARTN		ICATE OF DEATH	REG. NO	D.			
Я		CEASED NAME FIRST	N	NDDLE	1	AST	2a. DATE OF DEATH		AY YEAR	2b. HOL	JRA
3	{TYPE	ORPRINT) AUSTIN				MAW	AUGUST 5	. 198		6	:064
	3. SE)	X	4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER	MIN.
		MALE	WHI	TE	08	04 84		YRS.	1		
1	(	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?		D NEVERMARRIED	9. BALTIMORE CITY O				
8	10000	ELAWARE ITY OR TOWN OF DEATH	U.S		WIDOWE	DIVORCED DIVORCED	12a. USUAL OCCUPATION	ON	12b. KIND O	F RUSINI	MD.
3	BZ	ALTIMORE	THE J	OHNS HO	PKIN	S HOSPITAL	(TYPE OF WORK FOR MOST O				.55 0 1
6		AL RESIDENCE (IF NURSING HOME OR STATE 13 COUN DELAWARE KEI		GIVE RESIDENCE BEFORE 13c. CITY OR TOW  DOVER	admission) N	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 207 DOVER	EAST	99 119	99	9
	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE		LAS		
Л		JOHN	MIDDLE	MUMAW		LOREDAN			8	ATELI	LI
		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17. INFORMANT NEWPO		ss VI	RGINIA		
3		ves no or unknown) $\{$ (if yes, giv $N/A$	E WAR OR DATES)	NONE		W.J. SMITH &			VILLE E		
Н		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per	line far (a), (b), and	1(01.)	1			BETWEEN C	MATE INTE	PVAL DEATH
			E CAUSE (a)	Low	CARI	DIAC OUTPUT			185		
2			DUE TO, OF	AS A CONSEQUE	NGS OF	DONIC STENO			1		
ч		Conditions, if ony, which	(b)	JEVERE	10121	10MC STENG	5/3		112		
		cause (a), stating the underlying cause last.	DUE TO, OF	R AS A CONSEQUE	NCE OF						
	149		( (c)								
	NO	PART 2. OTHER SIGNIFICANT O	CONDITIONS <u>CC</u>	INTRIBUTING TO E	SEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	0	
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN		
<	TIFE	8/	7	WMORK	121	Nº 5/5	YES NO	YES		NO [	
7		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	Y IN ITEM 18 PAI	RT 1 OR PART 2)		
	ICA	(IF EITHER, NOTIFY MEDICAL EXAMINER	) P./		19						
Ų	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (	OF INJURY EET, FACTORY, OFFICE, F.	ARM, ETC )	21f. LOCATION STREET	CITY OR TO	wn /	COUNTY		STATE
N		220.1 certify that (I) (this haspi	tal) attended the	deceased fram_		8/9 19.89		5 1	99	that (I) {	we) last
		saw the deceased alive an	Wew the body	ofter death.	, a	nd that in (my) (aur) opinion	death occurred on the de	ate and hour	and from the	causes st	ated
×		226 SIGNATURE	101	0		DEGREE		100	22c. DATE	SIGNED	11
		128 PHYSICIAN'S MAMERICA	MAY	ATTENDING PHYSICIAN [	MEDICAL STAI	IAN 🗌		8/5/	84		
		6. Whac	oven J)	le no		JOINS 601	N. WOLFE		BALTO		
		BURIAL, CREMATION REMOVAL	23b. DATE	23c. N	AME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY		STATE
	R	RENOVAL/BURIAL	08-08			RIVER MENNON-				4444	VA.
		UNERAL DIRECTOR	21229	ADDRESS.	CE CH	URCH CEM. 250. DAT	E REC'D. BY REGISTRAR	25b. REGISTR	ARS SIGNOM	S. C.	
	H	UBBARD FUNERAL	HOME, IN	NC. 4107	WILKE	NS AVE.	8 1984				

BP OHMH - 16 50M 4/82 (VRA 15, 4)

If OPENINERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in the should be detached for use as the burnal-transit permit. Then please remove carban papers. Pages 1 and 2 should be file to the State Data: at Healthand Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, ar ather troumatic event, the

24 FUNERAL DIRECTOR

	CATTERON BULKEON GARON THE RECEIVED
GR 10027 . C3Tm	
415 - 24 - 2500	- HER THE STATE OF

AND DESCRIPTION OF THE PARTY OF

death. Page 4 may be

within 24 hours ofter

ned by the attending physician and campletely filled in by the please remove carbon papers. Pages 1 and 2 should be filed

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or ather traumatic event, the medical should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept; of Health and Mental Hygiene prior to burial, cremation, or removal

FOR STATE

# D

-	TATE OF MA		61 21
EPARTMENT (	OF HEALTH A	ND MENTA	AL HYGIENE
CER	TIFICATE	OF DEATH	ł

l	REGISTRAR			CEIVIII	CAIL OF DEATH	REG.	NO.			
Ĩ	DECEASED NAME FIRST	M	IDDLE	i.	AST	2a DATE OF DEATH	HTMOM		YEAR	26 HOUR
l	Lenora	F	rances	1	Murphy		08	18 8	84	6:10Pm
I	3 SEX	4 RACE		5. DATE O		6 AGE (IN YEARS LAST	BIRTHDAY	IF UNDER	DAYS	IF UNDER 24 HRS
l	Female	Whit	e	12	Ĩ4 Ĭ899	84	YRS.			
I	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)		VHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	_		ATH	TE VI
1	Maryland	U.S.A	•	WIDOWE		Baltimo				MD.
I	10 CITY OR TOWN OF DEATH	Jenkins	MEMON THI	HOM	OTHER INSTITUTION	12a USUAL OCCUP.	ATION STOF WORKING	12b. H	(IND O	Personnel
١	Baltimore	1000 S.	Caton Av	re. Be	alt; Md.21229	Secretar		Ва1	to.	City
1	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COUR				134 INSIDE CITY LIMITS?	13e STREET ADDRES	S			
1	Maryland		Baltimore	2	YES X NO 🗆	703 North	1 Chap	elgat	:e	21229
I	14 FATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE			LAS	1
1	William	T.	Murph	ıy	Margare	et N	1.			zpatrick
1	160 WAS DECEASED EVER IN U.S. AR (YES, NO ORUNKNOWN) (IF YES, GIV	MED FORCES?	166 SOCIAL SECUR		17. INFORMANT		DRESS	191	.03	
l	NO		218-22-05	516	Rosalie M. Mu	urphy 190	00 JF 1	Kenne	dy	Blvd.
ľ	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per	ine far (a), (b), and	(C				BE	APPROXIV	MATE INTERVAL DISET AND DEATH
ı		TE CAUSE (a)	PA	RE	INSON'S 1	11seas	2		15	TYRS
I		DUE TO, OR	AS A CONSEQUE	NCE OF					10	TYPE
1	Conditions, if any, which gove rise to immediate	(b)	A	5	LVD				13	11/13
ı	cause (a), stating the	DUE TO, OR	AS A CONSEQUE	VCE OF						
١	underlying cause last	(c)								
ı	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CO	DUDITION G	IVEN IN P.	ART lia	1
1	O CONTRACTOR OF CONTRACTOR	CARL	INONA	01	- RIGHT	BREUS		EC MEDE	F IN I'D In	100.11050
ı	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDI	ION FOR WHICH C	PERATIO	N WAS PERFORMED	_ \	IN CERT			OF DEATH?
-	71g. ACCIDENT WAS UNDERLYING	7 216. TIME OF	INITIDY		21c. HOW INJURY OCCURR	YES NO	UJURY IN ITEM 18	YES	14 O T D)	ио 🗋
١		110110 4 4		Y YEAR	THE TIO W MYJORT OCCORR	ED (EMIEK MAIDRE OF	ODK! IN HEM IS	S, PARI TORP	ART 2)	
ı	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.A.		19	21f. LOCATION					
ı	WHILE NOT WHILE	(AT HOME, STRE	EET, FACTORY, OFFICE, FA	RM, ETC.)	STREET	CITY OR	NWOT	COUN	JTY	STATE
١	WHILE NOT WHILE AT WORK	4-1) -444-4-4-4-4		7-	7 10/9	. 8	- 18	10 81	4	ab a students land
	22a. I certify that # (this hosp sow the deceased alive on	8-1	8 19 8	4 90	d that in (my) (our) opinion d	eoth accurred on the	date and hi	aur and fro	,	that H= (we) last
	22b. SIGNATURE	view the bady o	ofter death.	,	DEGREE					SIGNED
ı	al) E	Hala		HO	ATTENDING	MEDICAL S'	TAFF	5	2-1	8-84
1	22d PHI SICIAN'S NAME (TYPE O	IR PRINT)	ment )	11.17	PHYSICIAN	DIRECTOR DE PHY	SICIAN	10	, ,	0 0/
	(HOHN) E	HART	MAN +	7.1	1000 51	ATOM	ne 1	2017	2	11 7/220
-	23g BURIAL CREMATION REMOVAL	23b, DATE	1230 N	AME OF C	7 - 0 . C.	23d LOCATION	I'L	11-16	1.11	" crey
	(SPECIFY) Burial	8/22/8		~	hedral Cem.	Baltimo	ore.	COUNTY	Ma	ryland
1		0, ==/								- /

21229

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been

retained by the haspital or attending physician

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

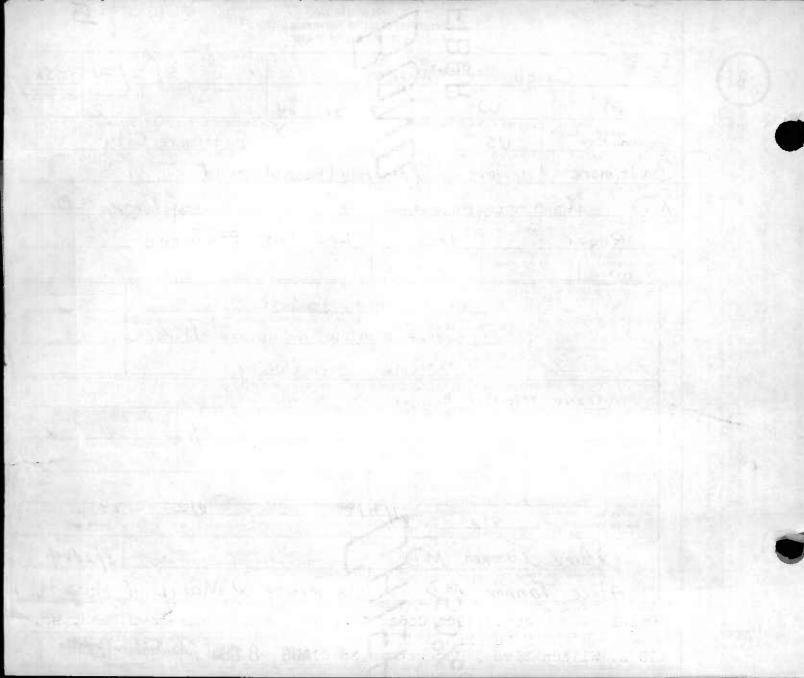
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24 FULL ERAL DIRECTOR ADDRESS# Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Econed. Journal Comment Fores lood G. deton fre. Balt; Mu.21229 THE STATE OF STATE OF THE STATE

(VRA 15, 4)

3. SEX 7a. BIR 10 CIT 10 CIT 13a. ST 14. FA	RTHPLACE (STATE OR FOREIGN OUNIER) Hagers town ounier) Hagers town of DEATH  OUT TOWN OF DEATH  OUT TOWN OF DEATH  OUT TOWN OF DEATH  IN THER'S NAME  FIRST  VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIN  NO  18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE  IMMEDIAT  Conditions, if pny, which	Th. CITIZEN OF WHAT COUNTRYS  11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE)  OTHER INSTITUTION GIVE RESIDENCE BEFOR  ITY 13c. CITY OR TOV  hington Hagers  MIDDLE LAST  MED FORCES? 16b. SOCIAL SECTIVE WAR OR DATES)  Ity one couse per line for (D), (b), or D BY:  TE CAUSE 10) TES PI  DUE TO, OR AS A CONSEQUE	B. DATE OF BIRTH MONTH  7 31 84  8  MARRIED   NEVER MARRIED   WIDOWED   DIVORCED   NG HOME OR OTHER INSTITUTION TADORESS)  WIND   13d. INSIDE CITY LIMITS?  YES   NO   15. MOTHER'S MAIDEN N FIRST  LOU AT  OUR ITY NO. 17. INFORMANT	9. BALTIMORE CITY OF  120. USUAL OCCUPATION  130. STREET ADDRESS /  101 Surreu  ADDRES	MONTH DAY YEAR  8 2 84  HDAY)  HEUNDER I YEAR  YEAR  WONTHS DAYS  YEAR  AND IN THE NUMBER I YEAR  WONTHS DAYS  YEAR  IF UNDER I YEAR  AND IN THE NUMBER I YEAR  AND IN THE NUMBER I YEAR  YEAR  WONTHS DAYS  IF UNDER I YEAR  IF UNDER I YEAR  AND IN THE NUMBER I YEAR  IF UNDER I YEAR  AND IN THE NUMBER I YE	# UNDER 24 HOURS IN H
3. SEX 7a. BIR 10 CIT 10 CIT 13a. ST 14. FA	RTHPLACE (STATE OR FOREIGN OUNIER) HARE'S TOWN OF DEATH  OUT THOSE  IY OR TOWN OF DEATH  OUT TOWN OF DEATH  WAS.  THER'S NAME  FIRST  FIRST  AS DECEASED EVER IN U.S. AR  ES. NOOR UNKNOWN) (IF YES. GN  PART I. DEATH WAS CAUSE  IMMEDIAT  Conditions, if DNY, which	Michaely  4. RACE  7b. CITIZEN OF WHAT COUNTRY?  VS  111. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET  University  13c. CITY OR TOV  hington Hagers  MIDDLE  MED FORCES?  WAR OR DATES)  Ily one couse per line for (D), (b), or D BY:  TE CAUSE 10)  DUE TO, OR AS A CONSEQUE  WAR OR DATES  DUE TO, OR AS A CONSEQUE  TO THE CAUSE 10)  TO THE CAUSE 10 TO THE COUNTRY?	S. DATE OF BIRTH MONTH  31  8  8  8  MARRIED   NEVER MARRIED   DWORCED   NG HOME OR OTHER INSTITUTION TADORESS)  WIND   13d. INSIDE CITY LIMITS?  YES   NO   15. MOTHER'S MAIDEN N FIRST   Lou   Ar  URITY NO. 17. INFORMANT	9. BALTIMORE CITY OF  9. BALTIMORE CITY OF  120. USUAL OCCUPATK  1TYPE OF WORK FORMOST OF  Child  130. STREET ADDRESS /  101 Surreu  ADDRES	ROUNTY OF DEATH  ON FWORKING LIFE INDUSTRY  ZIP CODE  AVENUE  LASI  SS	# UNDER 24 HOUNS N
7a. BIR 10 CIT 13u. S' 14. FA'	RTHPLACE (STATE OR FOREIGN OUNIER) HAGE T'S TOWN OF DEATH  OLT MOVE  IT OR TOWN OF DEATH  OLT MOVE  IT ATE  IT ATE  VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN)  IB CAUSE OF DEATH (Errier on PART I. DEATH WAS CAUSE  IMMEDIAT  Conditions, if pny, which	4. RACE  7b. CITIZEN OF WHAT COUNTRY?  11. NAME OF HOSPITAL, NURSII  (IF NOT IN SUCH FACILITY, GIVE STREET  OTHER INSTITUTION GIVE RESIDENCE BEFOR  HY II3c. CITY OR TOV  hington Hagers  MIDDLE  MED FORCES?  Idb SOCIAL SECTION  Ily one couse per line for (D), (b), or  D BY:  TE CAUSE ID)  DUE TO, OR AS A CONSEQUE	B. DATE OF BIRTH MONTH  7 31 84  8  MARRIED   NEVER MARRIED   WIDOWED   DIVORCED   NG HOME OR OTHER INSTITUTION TADORESS)  WIND   13d. INSIDE CITY LIMITS?  YES   NO   15. MOTHER'S MAIDEN N FIRST  LOU AT  OUR ITY NO. 17. INFORMANT	Baltimore CITY OF  Baltimore  120 USUAL OCCUPATION  1170 OF WORK FORMOST OF  Child  130 STREET ADDRESS /  101 Surreu  AME  ADDRESS	HDAY BUNDER I YEAR MONTHS DAYS YRS. 2  R COUNTY OF DEATH BY C I + Y ON 126. KIND O F WORKING LIFE INDUSTRY ZIP CODE AVENUE 2  AVENUE 2  1A51	F BUSINESS
10 CIT USUA 130. S'	TY OR TOWN OF DEATH  Q TIMORE  IL RESIDENCE (IF NURSING HORE OF TATE  Was:  THER'S NAME  FIRST  VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE  IMMEDIAT  Conditions, if pny, which	III. NAME OF HOSPITAL, NURSII  (IF NOT IN SUCH FACILITY, GIVE STREET  OTHER INSTITUTION. GIVE RESIDE (CE BEFOR  ITY  13c. CITY OR TOV  hington Hagers  MED FORCES?  WAR OR DATES)  If one couse per line for (D), (b), or D BY:  TE CAUSE (D)  DUE TO, OR AS A CONSEQUE	MARRIED NEVER MARRIED  WIDOWED DIVORCED  NG HOME OR OTHER INSTITUTION  TODRESS)  Mary and Hospit  E ADMISSION  13d. INSIDE CITY LIMITS?  TOUN  15. MOTHER'S MAIDEN N  FIRST  URITY NO. 17. INFORMANT  TOTALOGY   Baltimo  12ª USUAL OCCUPATR  11 TYPE OF WORK FORMOST OF  Child  13ª STREET ADDRESS /  101 Surreu  AME  ADDRES	R COUNTY OF DEATH  DYE CITY ON F WORKING LIFE INDUSTRY  ZIP CODE AVENUE  LAST  LAST	28	
10 CIT USUA 130. S' 14. FA' 150 S 160. W	TY OR TOWN OF DEATH  Q TIMORE  IL RESIDENCE (IF NURSING HORE OF TATE  Was:  THER'S NAME  FIRST  VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE  IMMEDIAT  Conditions, if pny, which	(IF NOT IN SUCH FACILITY, GIVE STREET  OTHER INSTITUTION GIVE RESIDENCE BEFOR  ITY  ITY  ITY  ITY  ITY  ITY  ITY  IT	IS MOTHER'S MAIDEN NO ITS INFORMANT  13d. INSIDE CITY LIMITS?  15. MOTHER'S MAIDEN NO ITS.  15. MOTHER'S MAIDEN NO ITS.  17. INFORMANT	120 USUAL OCCUPATK ITYPE OF WORK FORMOST OF Child 130.STREET ADDRESS / 101 Surreu AME	ON FWORKING LIFE) 126 KIND O INDUSTRY  ZIP CODE  AVENUE  LAST  SS	28
14. FA	THER'S NAME FIRST  (AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAL  Conditions, if pny, which	University of Other Institutions give residence before 134. CITY OR TOV hington Hagers  MIDDLE Myers  MED FORCES? 16b. SOCIAL SECURITY WAR OR DATES)  Ily one couse per line for (D), (b), or D BY:  TE CAUSE 10 PES PI	Mary land Hospit  FADMISSION)  13d. INSIDE CITY LIMITS?  15d. MOTHER'S MAIDEN N  LOU Ar  URITY NO. 17. INFORMANT  Tatory Failu	child  130.STREET ADDRESS / 101 Surreu  AME  ADDRES  ADDRES	ZIP CODE 1 Avenue 2 Man  1ASI	
160. W	THER'S NAME FIRST  VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if pny, which	MIDDLE MYERS  MED FORCES? 166 SOCIAL SECIE  WAR OR DATES)  If one couse per line for (b), (b), or D BY:  TE CAUSE (b) TESPI  DUE TO, OR AS A CONSEQUE	13d. INSIDE CITY LIMITS? YES NO [] 15. MOTHER'S MAIDEN N LOU Ar URITY NO. 17. INFORMANT  ratory failu	IN Eshiler	Avenue 2 man	
16g. W	AS DECEASED EVER IN U.S. AR ES. NO OR UNKNOWN) (IF YES. GIN DO PART I. DEATH VAS CAUSE IMMEDIA)  Conditions, if pny, which	MED FORCES? 166 SOCIAL SECI YE WAR OR DATES) 166 SOCIAL SECI If yone couse per line for (D), (b), or D BY: TE CAUSE (D) TESP!	URITY NO. 17. INFORMANT  ratory failu	in Eshler	nan	
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per line for (D), (b), or D BY:  TE CAUSE (a)  DUE TO, OR AS A CONSEQU	ratory failu	ADDRE	SS	MATE INTERV ONSET AND C
or traumatic event, the me	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA!  Conditions, if pny, which	D BY:  TE CAUSE (a) TESPI  DUE TO, OR AS A CONSEQU	ratory failu	re	APPROXI BETWEEN C	MATE INTERV ONSET AND D
r troumatic event,	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if pny, which	D BY:  TE CAUSE (a) TESPI  DUE TO, OR AS A CONSEQU	ratory failu	re	BETWEENC	ONSET AND C
a stranger of	Conditions, if any, which	DUE TO, OR AS A CONSEQU				
n trans		1 60.100	IENCE OF	4.5		
2	gove rise to immediate	( 1b) Sever	e hyaline mer	nbrane dis	sease	
	couse (D), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE		rity		
0 4		1	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONE	DITION GIVEN IN PART 110	0.
E OF			OFF NOGE	28a AUTOPSY?	206. IF YES, WERE FINDIN	100 11000
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIONIW AS PERFORMED	YES NOW	IN CERTIFYING CAUSES  YES	
T. 4 B. W.	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH D	PAY YEAR 216. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART   OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	21f LOCATION			
WE WE	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOV	wn COUNTY	51
2		tol) attended the deceased from.	7/31/89 ,19 8	4 , to 8/2	- 19 84 , 1	that (I) (w
5	sow the deceased alive an above, (I) (we) (did) (did no	t) view the body ofter death.	, and that in (my) (our) opinio	n death occurred on the do	te and hour and from the	couses sto
ž l	276. SIGNATURE	110	DEGREE	MEDICAL STAF	22c. DATE	SIGNED
	allee	Janner, M	PHYSICIAN	DIRECTOR PHYSIC		184
T	Alice 7	anner MD	Universit		yland Ho:	spit
23a B	URIAL, CREMATION, REMOVAL ULTIAL	Aug. 6, 1984 C	NAME OF CEMETERY OR CREMATORY edar Lawn Mem. F	ark Hager	stown Wash	ı.,Mč
/83 24 FU		CH FUNERAL HO		ATE REC'D. BY REGISTRAR		



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	AN. T	physici
	HYSIC	guipu
	ING P	ar afte
	TTENE	pitol
	TO HOSPITAL OR ATTENDING PHYSICIAN, The low requires that the death certificate be executed within 24 hours of	retained by the haspital ar attending physicial
	SPITAL	d by t
	9 H	nue
	0	reto

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove corbonopers. Pages 1 and 2 should be filled within 72 hours as with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

with the State Dept. or regulational mental hygiene prior to buriol, cremation, or removol.

MPORTANT: If Hem 21 is morked or Item 18 shows any injury, or other troumotic event, the medicolessen

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STATE OF MARYLAND	2
EPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	
CERTIFICATE OF DEATH	REG. NO

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1.	FOR - STATE REGISTRAR			DEP		HEALTH AND MENTAL HYG	IENE	3		
1.00							REG. N			
	CEASED NAME E OR PRINT)	FIRST		MIDDLE	4	LAST	20 DATE OF DEATH	MONTH I	DAY YEAR	2h HOUR
		CIAM	RILES	2		TYERS	0.8	126	8x	12:50 P M
3. SE	Х	1	RACE	Λ	S. DATE	OF BIRTH	6. AGE IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
6	m()	111111111111111111111111111111111111111	00.	12	MON	TH DAY YEAR	01	7	MONTHS BATS	HOURS MIN.
	Taxe		12/4	uk.	61	, 19 98	86	YRS		
	IRTHPLACE (STATE OF	FOREIGN 76	CITIZEN OF	WHAT COUN		ED M NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	mal.		N.	A	WIDOW		CITI	altim		MD.
10 C	ITY OR TOWN OF DE	ATH 11	I. NAME OF	HOSPITAL, NU	IRSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
	agent	ta		HIFACILITY, GIVES		10	(TYPE OF WORK FOR MOST	OF WORKING LIF		
USU.	AL RESIDENCE (IF NUR	SING HOME OR OT	HER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION					
	STATE	13h COUNTY		136 CITY OR		138. INSIDE CITY LIMITS?	13e STREET ADDRESS	0	0	
	MA	,		Bal	<b>T</b> -	YES NO	11/13 m	mothe	e Arc	21201
4. FA	ATHER'S NAME	1	ODIF	LAST		15 MOTHER'S MAIDEN NA		3		
	James	MIC	DDIE			FIRST	MIDDLE		Flet	a h a m
40 \	WAS DECEASED EVER	INITS A PAGE	ED EODOES2	Mye	SECURITY NO.	Annie 17. INFORMANT	ADDR	ECC	Fiet	cher
,	VE NO OR UNKNOWN)	(IF YES, GIVE V			1.0					
1	10	V		717-09	-1499	Sarah Ridl	ey 1501 P	entri	dge R	oad
11	18 CAUSE OF DEA	TH (Enter only	one couse per	line for to), th	o), and (c)a		1		APPROX	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH V	VAS CAUSED	BY.	a done	a alway	stone Ar	reor			Onto The De thin
		IMMEDIATE	CAUSE (6)	011-01	21-	/\\'				
			DUE TO, O	R ASA CONS	EQUENCE OF	· OJM 10	0			
	Conditions, if any		(b)_	Ble	eliol	eld Arm	School	20)		
	gove rise to im couse (a), stati		DUETO	R AS A CONSI	FOLIENCE OF	0				
	underlying cous		1	K AS A CONSI	EOUEINCE OF				77- 77-	
	21222 27122		(c)		-					
z	PART Z. OTHER SIG	NIFICANT CO	MDITIONS CO	DMIKIROTING	TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIV	EN IN PART 11	9.
CERTIFICATION				STEU						
CA	190 DATE OF OPERA	TION	196 COND	ITION FOR WI	HICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN	
E			100				YES T NOT		S	NO T
ER	21a. ACCIDENT WAS UN	DERLYING	21b. TIME O	F INJURY		21¢ HOW INJURY OCCURE				110
	OR CONTRIBUTING				DAY YEAR	THE PROPERTY OF COMM	(ENIER INATIONS OF HATE	MI IN IEM IO F	ART I OR PART 2)	
S	(IF EITHER NOTIFY MED	ICAL EXAMINER)	P.	M.	19					
MEDICAL	21d INJURY OCCUR	RED	21e. PLACE			211 LOCATION	CITY OR TO	214/61	COUNTY	51 ATE
Σ	AT WORK NOT W	HILE	(AI HOME STE	REET, FACTORY, OF	FICE, FARM, ETC.)	SIKEEI	CITTORIC	74414	COOM	STATE
			) - 14 - <del>10  </del> - 1   4	- de	om 67	110 .78	10 08/2	/	24	
	22a I certify that (I		offended in	e deceased tr	01	19.70	. 10			that (1) (we) lost
	sow the deceos obove, (I) (we) (	did) (did not)	view the body	olter death.	19_01,0	and that in (my) (our) opinion of	death accurred on the d	ate and hour	r and from the	couses stated
	22b. SIGNATURE		110			DEGREE			22c DATE	SIGNED
	F - 11 1 1 1 1 1 1		101			ATTENDING	MEDICAL STA		8-	26-201
	224 PHYSICIAN'S N	AME TYPE TO		-		PHYSICIAN 22e, ADDRESS	DIRECTOR PHYSI	IAN		07
	D	1 1 0		E: dr	2 ~ ^	TIE. ADDRESS	- 1	4	RD4.	04 00
	1	BE	N	EIBER	- 17	1445 A	FURA	MCE	DICTIV	CA KEL
23a. E	BURIAL, CREMATION	REMOVAL	23b. DATE	/ 1	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	000	w/h	5 DA 71-
	BURIAL		8/31			nt Rest Cem	0.00.00.00.00.00	MADE.	COUNTY	Md STATE OF
			0/01	, U -T	- 10000					
4 FI	UNERAL DIRECTOR			ADDR	FSS	25a. DAT	REC'D. BY REGISTRAR		Davidson	70. 2.00
	- C MA	b E/U	Inc			h Avenue A	UG 2 8 1984	Tuna	Anno (atten)	Markette

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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give.			

2	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEAT	TH	REG.	NO.			
		OR PRINT)	FIRST 20		Lphons	us My	iers		20. DATE OF DEATH	8	6/84	26. HO	LSA "
	3. SEX	Male		4. RACE White		5. DATE C		02	6. AGE (IN YEARS LAST	YRS	MONTHS DAY		ER 24 MRS MIN.
5	1	RTHPLACE (STATE OR FO		U.S	A.	WIDOWE	- Marie	CED [	9. BALTIMORE CITY  Baltim	ore (i	ty of Death		MD.
5		Baltimore	/	Good !	amarita	n Hosp	ital	ION	(TYPE OF WORK FOR MOS Retired	TION TOF WORKING		Telep	hone
5	130. S	rryland	M COUN	OTHER INSTITUTION ITY timore	13c. CITY OR TO	WN		XX	427 Sout	h 52no	l. St.	21224	4
2	/	THER'S NAME John		wiDD(E	Myers			gid	MIDDLE			LAST	
2		VAS DEČEASED EVER II res. (NOOR UNKNOWN)		MED FORCES? E WAR OR DATES)	212-05	-0754	Hilda M.	Myen	us 427 S.	52nd.			
		18. CAUSE OF DEATH PART I. DEATH WA	AS CAUSE	ly one couse per D BY: E CAUSE (o)	CANAL	Me.	Arrest			170	BETWEE	401	MAS
		Conditions, if ony, gove rise to imm couse (a), stating underlying couse	ediote	(b)	R AS A CONSEQUE	nauj	Artery	di	ease	Vice I	>	104	n
	NOI	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	THE TERMI	NAL DISEASE OR CO	NDITION G	IVEN IN PART	110.	-
1	CERTIFICATION	ING DATE OF OPERAT	ЮN	1% COND	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	0	78s AUTOPSY?	IN CERT	ES, WERE FINE IFYING CAUS YES		ATH?
1		21s. ACCIDENT WAS UNDE OR CONTRIBUTING CO. (IN EITHER, NOTHY MEDIC	AUSE OF DEA	HOUR A	M. MONTH I	DAY YEAR	21r. HOW INJURY	OCCURRE	ED (SINTER NATURE OF A	JUPY IN 178 IN 18	L FART - DE FART 2		
	MEDICAL	THE INJURY OCCURRE	(T)	THE PLACE	OF INJURY EST, FACTORY, OFFICE	O/-	THE LOCATION	971	8/	town	FOUNTY B.		MAIL
Į		27s.1 certify that (IIC saw the decease above, (II) (we lid	Polive on	8/	6 10	STE .01		opinion d	eath occurred on the	date and ho	our and from the	the courses t	re) last toted
		JULE NUCL	rell	Work	chart,	MD	PHYS	IDING ICIAN [	MEDICAL ST	AFF ICIAN X	17% DA	6/8	y
1		rede	211 V	VUlg	Lehart	MD	17 ADDRESS OF	Hon	spkins.	Hosp	ntal'	•	
	- {	BURIAL, CREMATION, R SPECIFY) Burio		236. DATE 8-9-	84	10	Lown Mem.	Park	23d. LOCATION CITY OF TOWN	Houx	vid Co.	Md.	STATE
	-	harles S.Ze	eiler	& Son S	Inc. 622	4 East		AU	G 8 1984	Tuna	STRAR'S SIGN	Allerra	منط

Charles S. Zeiler & Son Inc. 6224 Eastern Ave.

DHMH - 16 50M 4/B2 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pager with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician. IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other traumotic event, the

		Marwall A	35.4
	1000 5	2 56.570	skel .
abij asomitica		.5.02	April 200
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	200	wikeles Tagledini	Preligion.
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- 12 . M. M. M. 012#		the same of going to be seen	C
	and the state of		

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpopers- Pages 1, and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 1	- STATE REGISTRAR		DEPARIM		EALTH AND MENTAL HYG CATE OF DEATH				
) DE	CEASED NAME FIRST		WIDDLE	LA	\$1	Za. DATE OF DE	EG. NO.	DAY YEAR	2h HOUR
	I Care and a		- I I			Ta DAIL OI DE		25.84	1/ 0
	W.AY,4		P.		ERS				11
3. SE	X	4. RACE		5. DATE O	F BIRTH DAY YEAR	6 AGE TIN YEARS	LAST BIRTHDAY)	MONTHS DAYS	HOURS 1
	MALE	BLA	CK	4	29 01	83 YRS			
	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	В	<b>W</b>	9 BALTIMORE CITY OR COUNTY OF DEATH			
	arvland	115.	A	WIDOWE	NEVER MARRIED	Balto.	CIT	4	
_	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING		R OTHER INSTITUTION			12h KIND	OF BUSINES
	BACT.	S IN	A I ALOS	P. OF	BALT.	Letter C			l Serv
USU	JAL RESIDENCE (IF NURSING HOME C		GIVE RESIDENCE BEFORE	ADMISSION)					
	STATE 13b. COU	INTY	13c. CITY OR TOWN	- 1	13d INSIDE CITY LIMITS?	13e STREET ADD	SAUFUR		21217
_	aryland ATHER'S NAME		Baltimor	e	15. MOTHER'S MAIDEN NA		SAVEOR	D PI.	(101
	FIRST	MIDDLE	LAST		FIRST	M	DDLE		AST
	Charles		Myers		Dellaphir		1 D D D E C C		ker
	WAS DECEASED EVER IN U.S. A	RMED FORCES?  IVE WAR OR DATES)	166 SOCIAL SECUR		17 INFORMANT	511	Sanfo	rd Place	2121
	No.		214-22-9	675	M. Edythe Mye	ers Bal	timore	. Maryla	nd
	Conditions, if ony, which	DUE TO, O	RAS A CONSEQUE	NCE OF	/	RESP. A		0 /	, val
	gove rise to immediate couse (a), stating the underlying cause lost.	(c)	MASSIV RAS A CONSEQUEI PROBABLI	NCE OF	GI BLERD	BAT (EU			
TIFICATION	gove rise to immediate couse (a), stating the	(c) CONDITIONS <u>CC</u>	RAS A CONSEQUEI	NCE OF  MEATH BUT I	TASTASIS of (	SAT CECC	2 ZOB IF		INGS USED
CERTIFICATION	gove rise to immediate cause [0], stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING	CONDITIONS CO	RAS A CONSEQUEI PROBABLE ONTRIBUTING TO D ITION FOR WHICH O	NCE OF ME	TASTASIS of (	3AT CECC	2 20b IF	GIVEN IN PART I YES, WERE FIND RTIFYING CAUSE YES []	INGS USED S OF DEATH
AL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	CONDITIONS CO	PROBABLE ONTRIBUTING TO D  ITION FOR WHICH O  OF INJURY M. MONTH DA	EATH BUT I	NOT RELATED TO THE TERM	3AT CECC	2 20b IF	GIVEN IN PART I YES, WERE FIND RTIFYING CAUSE YES []	INGS USED S OF DEATH
MEDICAL CERTIFICATION	gove rise to immediate cause [0], stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING	CONDITIONS	PROBABLE ONTRIBUTING TO D  ITION FOR WHICH O  OF INJURY M. MONTH DA M.	DPERATION  Y YEAR  19	NOT RELATED TO THE TERM	ZOO AUTOPSY YES NO	2 20b IF	GIVEN IN PART I YES, WERE FIND RTIFYING CAUSE YES []	INGS USED S OF DEATH
	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE O	CONDITIONS CO	PROBABLE ONTRIBUTING TO D  IT ION FOR WHICH O  OF INJURY M. MONTH DA  M.  OF INJURY REET FACTORY OFFICE FA	NCE OF  MREATH BUT I  OPERATION  Y YEAR  19  RM. (IC.)	NOT RELATED TO THE TERM  WAS PERFORMED  210 HOW INJURY OCCUR  211 LOCATION  STREET	ZOO AUTOPSY YES NO RED (ENTER NATURE	2 206 IF IN CE	GIVEN IN PART I	INGS USED S OF DEATH NO
	gove rise to immediate cause [0], stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE LEXAMIN 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	CONDITIONS CO	PROBABLE ONTRIBUTING TO D  IT ION FOR WHICH O  OF INJURY M. MONTH DA  M.  OF INJURY REET FACTORY OFFICE FA	NCE OF AN REAL BUT IN OPERATION  Y YEAR  19  RM, ETC.)	NOT RELATED TO THE TERM  WAS PERFORMED  21c HOW INJURY OCCUR  211 LOCATION  STREET	ZOO AUTOPSY YES NO RED (ENTER NATURE	2 206 IF IN CE	YES, WERE FIND RTIFYING CAUSE YES  COUNTY  TO THE TOP THE TENT OF	INGS USED S OF DEATH NO
	gove rise to immediate couse [0], stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DILITOR OF CONTRIBUTING ALEXAMIN 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOTIFY HOR IN ORN  270 I certify that [1] (this hoss sow the deceosed nive on obove [1]) [well glidal] did not obove [1]] [well glidal] did not obove [1]]	CONDITIONS CO	PROBABLE ONTRIBUTING TO D  IT ION FOR WHICH O  OF INJURY M. MONTH DA  M.  OF INJURY REET FACTORY OFFICE FA	NCE OF AN REAL BUT IN OPERATION  Y YEAR  19  RM, ETC.)	NOT RELATED TO THE TERM  WAS PERFORMED  210 HOW INJURY OCCUR  211 LOCATION  STREET  3 19 8  d that in my (our) opinion  DEGREE  ATTENDING	ZOO AUTOPSY YES NO RED (ENTER NATURE	2 206 IF IN CE OF INJURY IN ITEM YORTOWN  5 4 1 the date and STAFF	YES, WERE FIND RTIFYING CAUSE YES  COUNTY  TO THE TOP THE TENT OF	INGS USED S OF DEATH NO
	gove rise to immediate couse [0], stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DILITOR OF CONTRIBUTING ALEXAMIN 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOTIFY HOR IN ORN  270 I certify that [1] (this hoss sow the deceosed nive on obove [1]) [well glidal] did not obove [1]] [well glidal] did not obove [1]]	CONDITIONS CO	PROBABLE ONTRIBUTING TO D  IT ION FOR WHICH O  OF INJURY M. MONTH DA  M.  OF INJURY REET FACTORY OFFICE FA	NCE OF AN REAL BUT IN OPERATION  Y YEAR  19  RM, ETC.)	NOT RELATED TO THE TERM  WAS PERFORMED  210 HOW INJURY OCCUR  211 LOCATION  STREET  3 19 8  d that in my (our) opinion  DEGREE  ATTENDING	200 AUTOPSY  YES NO  RED (ENTER NATURE  death occurred of	2 206 IF IN CE OF INJURY IN ITEM YORTOWN  5 4 1 the date and STAFF	YES, WERE FIND RTIFYING CAUSE YES  COUNTY  TO THE TOP THE TENT OF	INGS USED S OF DEATH NO
MEDICAL MEDICAL	gove rise to immediate couse [0], stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE O	CONDITIONS	OF INJURY REEL FACTORY OFFICE FA deceosed fram see deceosed fram	NCE OF  AN REATH BUT II  OPERATION  Y YEAR  19  RMM ETC.)	NOT RELATED TO THE TERM  WAS PERFORMED  210 HOW INJURY OCCUR  211 LOCATION  STREET  3 19 8  d that in my (our) opinion  DEGREE  ATTENDING PHYSICIAN [	200 AUTOPSY YES NO RED (ENTER NATURE  death occurred of	2 206 IF IN CE D OF INJURY IN ITEM Y OF TOWN  STAFF PHYSICIAN	YES, WERE FIND RTIFYING CAUSE YES (OUNIY) COUNIY 25-19 5-4 hour and from the	INGS USED S OF DEATH NO  that (I) (C) e couses state E SIGNED
MEDICAL MEDICAL	gove rise to immediate couse [0], stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE ALEXAMIN 21d INJURY OCCURRED  WHILE NOT WHILE ALEXAMIN 22a.1 certify that (1) (this host sow the deceased glive a obove (1) [we) (did) did in 22b. SIGNATURE)	CONDITIONS	OF INJURY REEL FACTORY OFFICE FA  236 N	NCE OF  AN R  EATH BUT II  OPERATION  Y YEAR  19  RM, ETC.)  AME OF CE	NOT RELATED TO THE TERM N WAS PERFORMED  21c HOW INJURY OCCUR  211 LOCATION STREET  3 , 19 8 c d that in my (our) opinion DEGREE ATTENDING PHYSICIAN [ 272e, ADDRESS	200 AUTOPS  YES NO  RED (ENTERNATURE  death occurred of  MEDICAL DIRECTOR 1	2 20b IF IN CE D OF INJURY IN ITEM Y OF TOWN  STAFF PHYSICIAN N DWN	YES, WERE FIND RTIFYING CAUSE YES  COUNTY  TO THE TOP THE TENT OF	INGS USED S OF DEATH NO That that (I) (C) e couses state E SIGNED

INDICATE TO A PART OF 

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1.	FOR - STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	6 4 9
		CEASED NAME FIRST	MIDDLE	l	AST	20. DATE OF DEATH MONTH	7 SU 125
		19540LUJJHI		e H. Na:		AUG 2	PM PM
	3. SE	eMALE	White	5. DATE C		AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS MOURS MIN.
27 %		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUL	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
0		aryland ITY OR TOWN OF DEATH	USA  11. NAME OF HOSPITAL, N	WIDOWE		12g USUAL OCCUPATION	126. KIND OF BUSINESS OR
\$5	A	BALTIMOREI	GOOD SAI	A RITT	AN HOSPITAL	School Teacher	industry Education
到	13a. S	AL RESIDENCE (IF NURSING HOME OR	TY 13c CITY O	E BEFORE ADMISSIONI R TOWN NSBORO	13d INSIDE CITY LIMITS?	13e STREET ADDRESS Sunset Avenue	e 21639
160	Ja FA	ATHER'S NAME FIRST  John	J. H	arris	Edith	AE MIDDLE	Richard
2			MED FORCES? 166 SOCIA WAR OR DATES) 218-3	4-9074	Gale P. Na	ADDRESS Shold Green	sboro, MD
tic event, the		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	E CAUSE (0) CARDI	ORESPI	PATORY A	BREST PURPURA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ошпо		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CON		THROMBOCY	TOPENIC	1-2 weeks
or other t		couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	SEQUENCE OF	ieus erytt	HEMATOSUS	6 mouths
injury, o	NOI	SYSTEMIC S	ONDITIONS CONTRIBUTION CLEROSIS	G TO DEATH BUT	NOT RELATED TO THE TERM!	nal disease or condition Giv	VEN IN PART Tro
Loson	CERTIFICATION	190 DATE OF OPERATION 7-7-84	OPEN LU	NG BIO		IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
em 18 st		218. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEAT  (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
morked or Item	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY O	OFFICE, FARM ETC )	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
. 20		22a.l certify that (1) (this haspite sow the deceased alive an above, (1) (we) (did) (did not	KU9 27	0.41	26 , 19 84 and that in (my) (our) opinion d	eoth occurred on the date and hou	19_84, that    (we) lost or and from the couses stated
MPORTANT: If Item 21		Warc C	Hochberg	2	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8-27-84
MPORTAL		HOCHBER			THADDRESS SAN	MARITAN PROF	- BLDG
-		BURIAL, CREMATION, REMOVAL Burial	8=30-84		oord Gemetery	Greensboro	C'A' MD

SEP

DHMH - 16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTOR

BP.

retained by the hospital or attending physician.

THE SHEET THE REAL PROPERTY OF THE PROPERTY OF 20 July 2 20 STAMPHONES BY SULL OF MITTELS IN THE THE STATE SHELLOW PRINCE

within 24 hours ofter

requires that the death certificate be

PHYSICIAN: The low attending physician.

OR ATTENDING

etained by the haspital TO HOSPITAL

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director. p should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumotic event, the medical

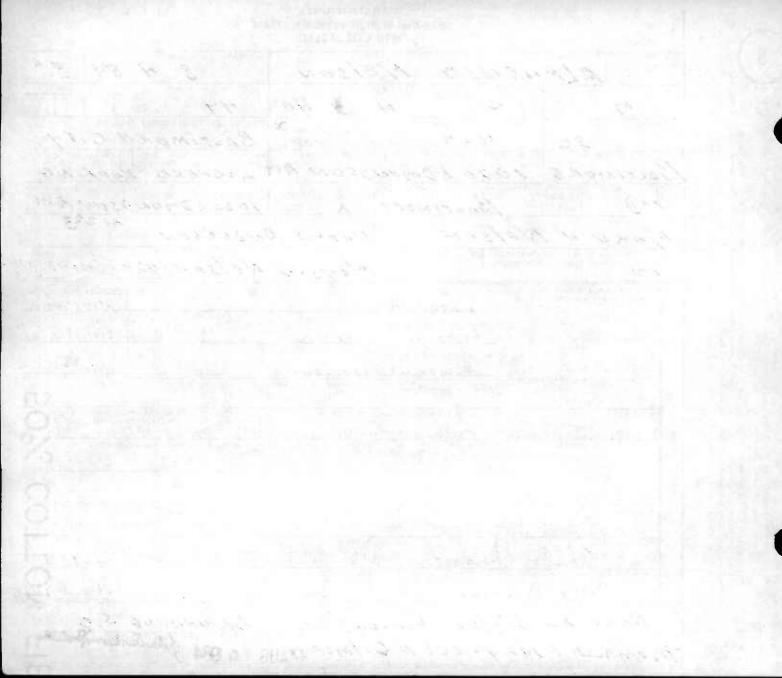
IMPORTANT: If them 21 is marked or them 18 shows ony

### STATE OF MARYLAND

FOR STATE REGISTRAR	DEP		ALTH AND MENTAL HYGI	REG. NO			
1. DECEASED NAME FIRST (TYPE OR PRINT)	HONSO	NE	ISON		MONTH DAY	SU 26	HOUR
3 SEX	RACE 3	5. DATE OF	21 40	6 AGE (IN YEARS LAST BIR	YRS.		UNDER 24 HRS OURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN 7 COUNTRY)	CITIZEN OF WHAT COUNTY	TRY? 8  MARRIED  WIDOWED	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF		ful MD.
Sacringer &	1. NAME OF HOSPITAL, NU	JRSING HOME OR STREET ADDRESS)	· - · A	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE	2b. KIND OF B	
USUAL RESIDENCE (IF NURSING HOME OR C 130. STATE	Y JE CITY OR		3d. INSIDE CITY LIMITS? YES NO 🗌	13e STREET ADDRESS		SON	Am
MARY UN M	Velson		MOTHER'S MAIDEN NAM	NAERS C	·N	2123	3
16a WAS DECEASED EVER IN U.S. ARM (YES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	SECURITY NO.	Mans, N	NEISER	1/020	£3.4.	NOSON
18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	BY:	1111					TE INTERVAL SET AND DEATH
Conditions, if ony, which	DUE TO, OR AS A CONS		striction			Stren	1 Weeks
gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	1	Carcinoma			mont	ths
PART 2 OTHER SIGNIFICANT CO						1.59.11	(7)
190 DATE OF OPERATION  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		ngent co	nstriction	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	G CAUSES OF	
	HOUR A.M. MONTH		21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2]	100
OR CONTRIBUTING CAUSE OF DEAT  (IF EITHER NOTIFY MEDICAL EXAMINER)  ZIB. INJURY OCCURED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		EN LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
27a.l certify that (1) this haspite sow the deceased alive on above (1) we) (did) (did not	July 25)		that in (our) apinion of	to Augusted on the de	st 4, 19_ ate and hour and	lrom the cau	(II) we) lost uses stated
22b. SIGNATURE HALL	· O-Chart	L N	GREE ATTENDING PHYSICIAN	MEDICAL STAI		8/6/	GNED 184
228 PHYSICIAN'S NAME (TYPEOR	De Chant		Johns 1-	tophing Hos	pital.	Balto.	MD 2120
230 BURIAL CREMATION, REMOVAL	8/9/84.	FAME OF CEA	METERY OR CREMATORY		BURG	OUNTY, C	STATE
Manhaul A	Istamps ( 3	GNG,	INUANTAU	G 9 1984	A ME DW	idservalle	Uproge

DHMH - 16 50M 4/B3

(VRA 15, 4)



FOR - STATE REGISTRAR

STATE OF MARYLAND	3 62
DEPARTMENT OF HEALTH AND MENTAL HY	ELENE
CERTIFICATE OF DEATH	

D	CERTIFICATE OF DEATH	GIENE		
	CERTIFICATE OF DEATH	REG. NO.		
MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	NELSON	AUGUST	29,1984	11:05pm
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	# UNDER TYEAR	IF UNDER 24 HRS
TIME	MONTH OF 1005	70	MONTHS DAYS	HOURS MIN.

							KEG. IN	J.		
	CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
{ I Y PE	OR PRINT)	BERNICE			N.	ELSON	AUG	UST 29	9,1984	11:05p
3. SEX	X	1	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		# UNDER TYEAR	IF UNDER 24 HRS
	FEMALE		WH	ete ete	08°	01 1905	79	YRS	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE O	R FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	ETROIT, MI		U.S.	Α.	WIDOWE		Ba:	ltimor	e City	MD
10 CI	TY OR TOWN OF DE	ATH 1				R OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINESS OR
	altimore			nes Hospi			Housewife	F WORKING LIF	EI INDUSTRY	
13a. S	AL RESIDENCE (# NU STATE Lichigan	131 COUNT	OTHER INSTITUTION. TY	Shores		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 20825 Wall			48081
	THER'S NAME					15. MOTHER'S MAIDEN NAM				
	Frank	м	IDDLE	Platko	wski	Frances	MIDDLE		Un	known
	VAS DECEASED EVE		NED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
	NO	Jir Yes, Give	WAR OR DATES	383-18-0	0734	Dorothy Rudr	ik 20825 V	Valtor	St.	48081
	18 CAUSE OF DEA PART I. DEATH		BY. CAUSE (o)	Card	iopa	lmonary			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if on	y, which	DUE TO, O	RASA CONSEQUE	NCE OF	heart 18	LOCK			
	gove rise to in cause (a), stat underlying cour	ing the	DUE TO, O	R AS A CONSEQUE	NCE OF	q				
	PART 2 OTHER SIG	GNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM		DITION GIV	EN IN PART 1	a
0	previous	M.I.	, Car	1001 Bres	nd,	HTN, Due	seten			
CERTIFICATION	19a DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	YING CAUSES	OF DEATH?
RTI						Tax man and a second	YES NO		S 🗌	но 🗌
C	210. ACCIDENT WAS U		HOUR A.	efinjury m. month da	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 P	ART   OR PART 2)	

(IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC )

NOT WHILE 22s.1 certify that (I) (this hospital) attended the deceased from and that in (my) (our) apinian deoth accurred an the date and hour and from the causes stated 220 DATE SIGNED

22b. SIGNATUR ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS Balto.

23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 236 DATE [SPECIFY] 9/4/84 Mt. Olivet Cemetery Burial

23d LOCATION
CITY OR TOWN
Detroit

Michigan

24 FUNERAL DIRECTOR

21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

TO FUNERAL DIRECTOR

and Mental Hygiene prior to bur 18 shov

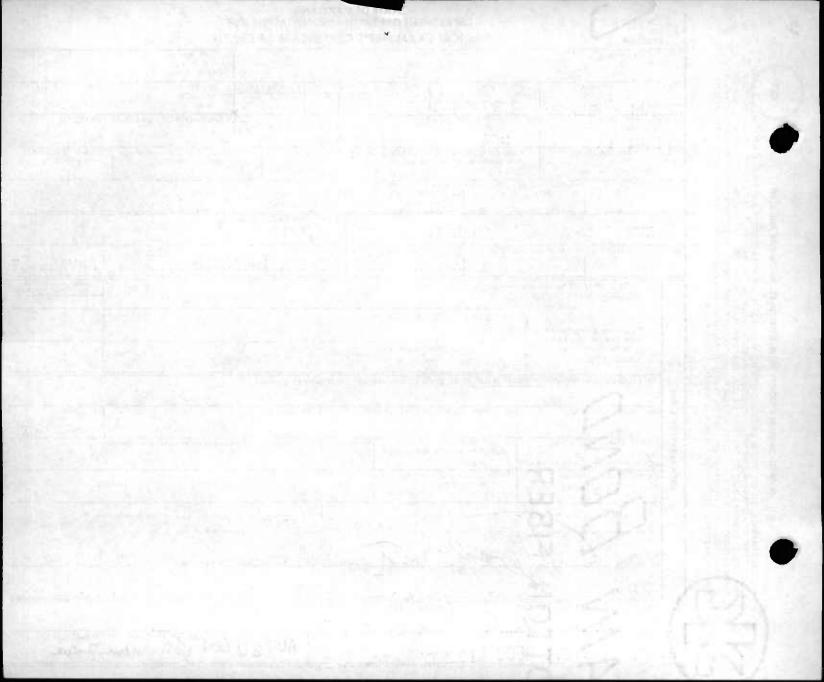
orked or Item

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The state of the s

13	FC				DEPARTMENT OF	HEALTH	AND MENTAL	HYGIENE	dia 1	~	-	
1.	- ST RE	GISTRAR		MEI	DICAL EXAMIR	ER'S C	ERTIFICATE	OF DEATH	REG. NO	٥.		
		ASED NAME	FIRST		WIDDIE		LAST	20_	DATE KNOWN X	MONTH	DAY YEAR	26. HOU
1	I I PE C	KERINI	Berth	a		Ne	elson		OF ESTI-	8	1719 84	
3. SI	EX		4. RACE	5. DATE OF BIRTH	6 AGE (IN Y	ARS IF UN	DER 1 YR. IF UNDE	R 24 HRS 2c	DATE	MONTH	DAY YEAR	5:52
= F	FΜ	ΔIF	BLACK	9 17	1889 94	Midness	S DAYS HOURS	MIN PRO	DEAD DEAD	8	17 19 84	3:32
8	IRT	HPLACE (SI	TATE OR	76. CITIZEN OF WI	HAT COUNTRY?	8 MARRI	ED NEVER MAR	RIED XX	ALTIMORE CITY C	R COUNT	TY OF DEATH	
1		RGINI	Α	IISA		WIDOW			altimore	City,	,	JM
0. (		OR TOWN		11. NAME OF HOS	PITAL, NURSING HOM	E, OR OTH	ER INSTITUTION		OCCUPATION (TYPE	E OF WORK	12b. KIND OF BU OR INDUST	
		Baltir		Luthe	ran Hospita	al			,			
	UAL		(IF IN NURSING HOME OF		13c CITY OR TOWN		134 INSIDE CITY LIMITS?	13e. STREET	ADDRESS		21211	
		Mp.			BALTO.		YES X NO		W. LAN	ALE	ST.	
		ER'S NAME		MIDDLE N			15 MOTHER'S MAIL		WIDDIE		LAST	
1	LY	RUS		14	ELSONST		MARIA	1				
160.	YES.	S DECEASE	DEVER IN U.S. ARM	NED FORCES?	197-18-5	7 NO.	17 INFORMANT	Tuenus	TON 2313	W.	Lames	- 0-
		NO OR UNKNO			13/-19-2	214	GENEVA	THORN	ION SOLD	, M.	LANVAL	_E 31
	1	. CAUSE O	F DEATH (Enter only	y one cause per line	far (a), (b), and (c).)						APPROXIMAT BETWEEN ONSE	
		PARTIDE	ATH WAS CAUSED	E CAUSE (o) Ar	teriosclero	otic o	cardiovasc	cular d	isease			
				DUE TO, OR	AS A CONSEQUENCE	OF						
			ns, if any, which se to immediate	(b)								
		cause (o)	stoting the under-	DUE TO, OR	AS A CONSEQUENCE	OF						
		lying cou	ise last.	(c)								
z		ART 2 OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	NINAL OISEASE	OR CONDITION GIVEN IN F	PART 1 (a)				
CERTIFICATION	2	9a. DATE OF	OPERATION	119h CONDI	TION FOR WHICH OPE	RATION W	AS PERFORMED?				I20 AUTOPSY	'2
FIC											YES 🗆	
ERT	2	la EXTERNA	AL CAUSE WAS	216 TIME OF		21c. HC	W INJURY OCCURE	RED LENTER NATU	RE OF INJURY IN ITEM TO	PART 1 OR PA		№Х]
		NDERLYING	OR NG CAUSE OF D		MONTH DAY YEA	R					M. 15.	
MEDICAL	2	Id INJURY C			DF INJURY (AT HOME,	211 LO	CATION					
ME	E	VHILE T WORK	NOT WHILE	STREET, FACT	ORY, FARM, ETC.)	S	TREET	Cn	IY OR TOWN	COL	UNTY	STATE
	ď	II WORK -	AT WORK					LAN				
		22a. I certi	fy that I took ch	A market	abave, held an	Autop	y . Inspect	ian X, I	nquiry L, on	id in my ap	Sinian	
A		death result	ed from: Natur	riknost X.	Agricult S	dde	, Homicide	Undetermi	ned manner			
	1	CTUAL	/ /	11 -11	W) 4, (		TITLE (SPECIFY)			DATE	0.110.10	
		IGNATURE.	C /	HOW	TO MINE	M	Deputy Ch	11ethedica	LEXAMINER	SIGNE	8/18/8	4
	E	XAMINER'S	NAME ML	D 0	modelle M.D.	-	111	Dann Cl		-71-	ME	
	(	YPE OR PRI	NT)TITO		mith, M.D.			Penn St		alto.	,MD.	
23a.	.BUR	DIFY)	TION, REMOVAL 23		23c. NAME OF CE			23d LOCA CITY OR TO	NWC	COUR		TATE
24	ELIN	ERAL DIREC	BURIAL	8/21/84	CARVER	MEM	PK	E DEC'D BY DE	GISTRAR 256 REGI	ETDADIC C	AC NIA TUBE	
1	4	2444		/ICOO ADDRESS			AÛ	520 B	B4 Selection	avidsor	D. J. M	
L	_C	ROY U	. DYETT	4600	REDTY Ha-	TO /		400	- A MANUEL	WAT COOL	Marianor	

-- MARYLAND



# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director goars 3 should be detached for use as the busial-transit permit. Then please remove corban papers. Pages Land 2 should be filled within 72 hour attractors with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

injury, ar other troumotic event, the

with the State Urept. Of traditions with the State Urept. Of the Manual States any IMPORTANT: If them 21 is marked as them. I shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND CERTIFICATE OF		REG. NO.	
	CEASED NAME FIRST CORA	MIDDLE	LSON		ATE OF DEATH MONTH	2 84 M
3. SE	FEMALE	BLACK	5. DATE OF BIRTH  MONTH DAY  07 34	92 9	E (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	COUNTRY)  ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?  U. S. A.	MARRIED LI NEVE	R MARRIED 🛣	TIMORE CITY OR COUNT altimore City SUAL OCCUPATION	
1	BALTO.  TAL RESIDENCE (IF NURSING HOME OF	GRANADA N	(IRSING /	Home Do	of work for most of working mestic	Pvt. Family
136.	STATE 136 COUL		VN 13d. INSIDE			more, Maryland eights Avenue 0
	Isaac	Nelso:	n	Harriet	MIDDLE	Howard
	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	aure.		1547°Burnwood Baltimore,	
	PART I. DE ATH WAS CAUSE	nly one cause per line for (a), (b), or ED BY:  ITE CAUSE (a)  DUE TO, OR AS ACONSEOU	real )	the le	gr	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU	one orga	ed to the terminal d	IN SYNDAN GISEASE OR CONDITION G	IVEN IN PART I IO
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PER	FORMED 200 YES	_ IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \( \) NO \( \)
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	INJURY OCCURRED (E	NTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,			CITY OR TOWN	COUNTY STATE
	sow the deceased olive or abave, (1) we (did) (did no	oitpl) ottended the deceased from n 19 19 19 19 19 19 19 19 19 19 19 19 19		y) (our) opinion death o	occurred on the date and ha	ur ond from the couses stated
	22b. SIGNATURE	Kehein	) M PEGREE	PHYSICIAN DIRE	DICAL STAFF CTOR PHYSICIAN	8/13/84
	MOGES 6	EBREMAR	AM 220. ADDR			
	BURIAL, CREMATION, REMOVAL [SPECIFY]  Burial	8/18/1984 We	stern Star (	Cemetery		more, Maryland
	Witter & Sons uneral Home Inc.	2501 Gwynns Fa Baltimore, Mar		AUG 2	1 1984 Fund	FRAR'S SIGNATURE .

DHMH - 16 50M 4/82 (VRA 15, 4)

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Baltinore City				1000
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	rriet	ansīn.		offer
15.7 A rn cod cord Baltirore, faryl no 21229	Calvin Smith	188		No.
	-	-		
Baltimore, Wryland	ticontro av 1216	r . sille an	in. 75 107	ur ur sens r r l vome in

# STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH CERTIFICATE OF DEATH

0	1	6	5	63
2	1	0	-	

1-	STATE REGISTRAR		DEFAR		FICATE OF DEATH	REG. N	10.			
	CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUZ	
( I YPE	William	_	Ne	umann		August 5,	1984		VO	
3. SE		4 RACE		S. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR		
1	Male	Whit		MONT	30,1888 YEAR	95	VAC	MONTHS DAYS	HOURS	
7a BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	12 8		9 BALTIMORE CITY	YRS.	Y OF DEATH		
	COUNTRY)			MARRIE	D NEVER MARRIED					
	Maryland	US.		WIDOW	DIVORCED OR OTHER INSTITUTION	City	MON	Tim MINID	OF BUSINESS	
10 C	IIT OR TOWN OF DEATH		CH FACILITY, GIVE STRE		OK OTHER III3111011011	(TYPE OF WORK FOR MOST	OF WORKING LI	FE) INDUSTRY	JE BUSINES.	
	Baltimore		Ravenwoo		ue	Ret. Bric	k Lay	er		
	AL RESIDENCE OF HORSING HOME OF		13: CITY OR TO		THE INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	á	121	
1	Md.		Baltimo		YES # NO [	3614 Rave			0	
14. FA	ATHER'S NAME	accepte.			15. MOTHER'S MAIDEN NA			194		
	PHOT	wout N	eumann		Barbara	WIDDIN	Ne	umann		
16a. V	NAS DECEASED EVER IN U.S. AR		16h SOCIAL SEC	CURITY NO.	17. INFORMANT	ADDR				
		IE WAR ON SHIESE	218-05-	11128	Mr Charle	s H. Neuman	202	A Crine	lon av	
- 1	no		1210-03-	77754	Mr. CHALLE	S H - WELLING	111 302		-	
	III. CAUSE OF DEATH IEnter only one cause per line by its this and its A SO()									
		TE CAUSE (w)	Heur	2000	ea TISCI	11		10	yes	
NO	PART 2 OTHER SMALEHEANT	CONDITIONS C	Inles.	O DEATH OUT	NOT RELATED TO THE TERM	INAL DISEASE OF COM	ADITION ON	VEN IN PART TI	a	
CERTIFICATION	IN DATE OF OPERATION	M. COND	ITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	204 AUTOPSY?	IN CERTI	S, WERE FINDS FYING CAUSES	OF DEATH	
E						YES NO		EZ []	NO []	
	210, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	ATH HOUR A	M. MONTH		71c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART 2)		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 214. INJURY OCCURRED		.M. OF INJURY	19	21f LOCATION					
ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE	E, FARM, ETC )	STREET	CITY OR T	OWN	COUNTY	STA	
	22a 1 certify that (1) this hosp	ital) attended 1	he deceased from		777 19		-84	19	that (1) we	
227	sow the deceosed alwa or above, (1) we) (did (did no	3	0 - 84 19.		and that (my) (aur) opinion	death occurred on the	date and ha	ur and Irom the	couses stot	
-	22h. SIGNATORE	view the body	offer peoth.	/	DEGREE			22c. DATE	SIGNED	
	heods	re (1)	0/gru	hod		MEDICAL STA	AFF ICIAN 🔲			
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	0	1.530	72e. ADDRESS					
	Theodore T. No				429 S. Chest		Baltin	nore, Mo	1.	
	BURIAL, CREMATION, REMOVAI (SPECIFY)	23b. DATE	230	c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STA	
	Buria 7	7117 0	7004	T . 7	And the last of th					
	Burial	Aug.8,	1984	Loudon	Park	Baltimo	re	Md	•	
24. F	UNERAL DIRECTOR NAME Onard J. Ruck				25e DAT	TE REC'D. BY REGISTRA	RITTH REGIS	TRAR'S SIONA	TURE on	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygimm print to buriol, certification for remove

retained by the hospital or offending physician.

BP.

10084 1 2000  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonappers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

3	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARY BEALTH AND FICATE OF	MENTAL HYG		2	0 5	ن
\		CE ASED NAME	VO IC		AIDDLE	Ne	ewb	Y	26. DATE OF DEATH	8-2	5-84	12 15 A M
)	3. SE	× F	1	Blac	k	5. DATE O		YEAR /	6 AGE (INVEARS LAS	T BIRTHDAY) YRS	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
83	7	RTHPLACE (STATEORI COUNTRY) Virginia			WHAT COUNTRY?	8 MARRIE WIDOWE	D DIEVER	MARRIED .	9. BALTIMORE CIT			MD.
Positied		ny or Yown of DE. Baltimore		(IF NOT IN SUCI	OSPITAL, NURSIN H FACILITY, GIVE STREET IS SCOT	ADDRESS)			12a USUAL OCCUP (TYPE OF WORK FOR MC			F BUSINESS OR
3/ Sust by	13a. S	AL RESIDENCE (F NURS STATE Maryland		THER INSTITUTION		E ADMISSION)		CITY LIMITS?	13e STREET ADDRES			t 21205
Symmine	14. F#	ATHER'S NAME ERST William	MI	DDLF A	nthony		15 MOTHER	R'S MAIDEN NA			LAS	
medical		WAS DECEASED EVER YES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	215-16		17 INFORM		Newby 43	08 E1d	leron	Avenue
atic event, th		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only /AS CAUSED IMMEDIATE	CAUSE (o)	Sepsis	ENCE OF	1151				BETWEEN	MATE INTERVAL ONSET AND DEATH
ar other trouma		Canditions, if ony, gove rise to imm couse (a), static underlying couse	mediate ng the	DUE TO, OF	ras a consequences	ENCE OF	rellit	45				
injury, a	NO			onditions co	ONTRIBUTING TO		NOT RELATE	D TO THE TERM	INAL DISEASE OR C	ONDITION GIV	EN IN PART 11	0
A Saws any	CERTIFICATION	19a DATE OF OPERA	TION	1% CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	YES NO	IN CERTIF	S, WERE FIND IN YING CAUSES S	
Hem 18 st		210. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	HOUR A./	M. MONTH D	AY YEAR	21c. HOW	NJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 F	PART I OR PART 2)	
morked or Hem 18	MEDICAL	21d. INJURY OCCUR	HILE 🗍	21e. PLACE (	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCAT STRE		CITY O	RIOWN	COUNTY	STATE
- 10		220   certify that (1) sow the deceas above (1) we) (	ed olive on	-aue	125 19	- 1	nd that in m	19 Sour) opinion	deoth occurred on the	e dote and hou	ond from the	that the st
NT. # Hem 21		Susan	Den	man		MD	DEGREE	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	STAFF	8 2	5/84
MPORTANT		SUSAN BURIAL CREMATION	Der	nma			5200	1	ern Ave	Balt	- Ma	21224

Cedar Hill

DHMH - 16 50M 4/83 (VRA 15, 4)

BURTAL

retained by the haspital or attending

BP.

24 FUNERAL DIRECTOR ADDRESS Wm C March F/H Inc. 1101 E North Avenue

8/31/84

Anne Arundel Co Mc
P By REGISTRAPIS REGISTRAP'S SIGNATURE
7 1984 Julia Davidson-Handell

Cemetery

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filled in by the to

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### STATE OF MARYLAND

1.	STATE REGISTRAR			DEPARTA		ICATE OF DEATH		G. NO.			
	CEASED NAME	FIRST	-	MIDDLE	ı	AST	20. DATE OF DEA	H MONTH	DAY	YEAR	2h HOUR
{TYP	E OR PRINT)	Edna	В	owen	Net	wton		August	7,	1984	4:15PN
3 SE	X	4	RACE		5. DATE C		& AGE (IN YEARS LA	ST BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS
	Femal	e	В	lack	MONTH	21 1890	93	YRS	MONTH	DAYS	HOURS MIN.
	IRTHPLACE (STATE OF	R FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CI	TY <u>OR</u> COUN		EATH	
	laryland	ATU	1 NAME OF	S. A.	WIDOWE	DR OTHER INSTITUTION	12e USUAL OCCL			LVNDO	F BUSINESS OR
	Baltimore	AIH	(IE NOT IN SUC	HEACILITY, GIVE STREET  and Genes	ADDRESS)		TYPE OF WORK FOR A	OST OF WORKING	LIFE) IN	DUSTRY	
	AL RESIDENCE (# NUI	DEINIC HOME OR C	-			ospital	Home Vis				more Ci
13a	STATE Irvland	136 COUNT		Baltimor	N	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDR Baltimor				ert Str
-	ATHER'S NAME					15 MOTHER'S MAIDEN NA	ME		7201		
	George		IDDIE	Bowen	C×	Martha	MIDI	DLE		LAS	
160	WAS DECEASED EVE		-	16h SOCIAL SECU		17. INFORMANT	- A	DORESS .		Thom	as
	YES, NO OR UNKNOWN)		WAR OR DATES)								t 21217
	No.			212-46-8	627	Miss Norma Wr	right Ba	ltimor	e, 1		
	18 CAUSE OF DEA	TH (Enter only	one couse per	line for (a), (b), and	d (c)					BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH	WAS CAUSED IMMEDIATE	BA:	Pulmonai		ema				12	Hours
H	Conditions, if on		DUE TO, O	ras a conseque <b>Renal F</b> a		9				7	Days
	gove rise to in couse (a), stat underlying cous	ing the	DUE TO, O	R AS A CONSEQUE Sepsis	NCE OF					10	) Days
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116										
CERTIFICATION	19a DATE OF OPER	ATION	19h COND	ITION FOR WHICH	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WE	RE FINDING CAUSES	OF DEATH?	
	210. ACCIDENT WAS U	CAUSE OF DEAT	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE C	F INJURY IN ITEM I	8 PART 1	OR PART 2)	
EDICAL	214 INJURY OCCU	RRED	21e PLACE	OF INJURY	. S.	211 LOCATION	CITA	OR TOWN		OUNTY	STATE

22a I certify that (K(this haspital) attended the deceased from August 7 sow the deceased plive on August 7
above, (K(we) (did) (XXXI) view the body ofter depth.

NOT WHILE

DEGREE

July

84

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

to August

and that in (ngr) (our) opinion death occurred on the date and hour and from the causes stated

84

22c. DATE SIGNED

19 84

NAME (TYPE OR PRINT)

23e. BURIAL, CREMATION, REMOVAL

William Tan, M.D.

22e ADDRESS

C/O Maryland General Hospital

1	B	urrar	0/1	1/1704	ATDUC	us Memori
16 50M 4/83	24 FINE PALE PEC BO	RSons	2501	Gwynns	Falls	Parkway
A 15, 4)	Funeral Ho	me Inc.	Balt	imore,	Maryla	nd 21216

23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN al Park

Baltimore, Maryland

250 DATE REC'D. BY REGISTRARIZS REGISTRAR'S SIGNATURE

DHMH -

buriol-transit permit. Hem 18

should be detached for use

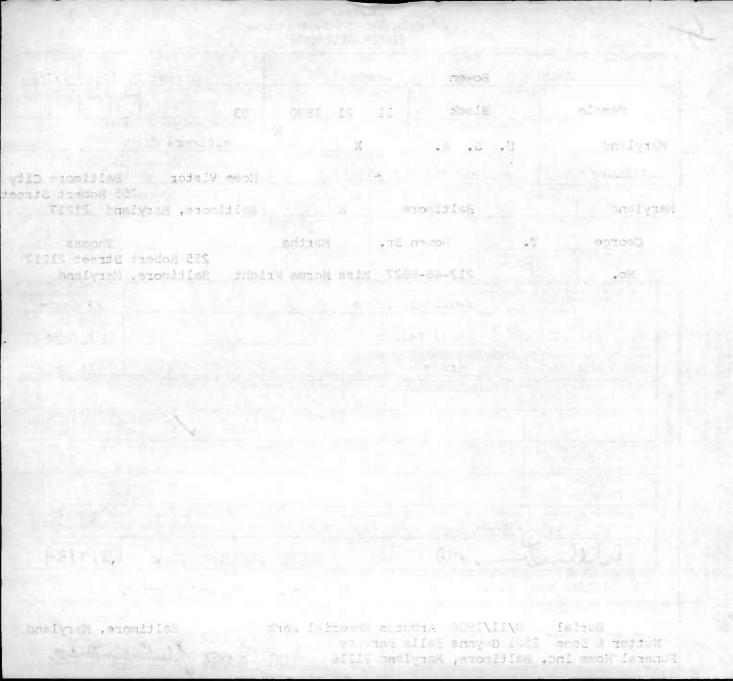
TO FUNERAL DIRECTOR.

hospital

retained by the

marked or

MPORTANT:



FOR

- STATE

REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH

CERTIFICATE

ID MENTAL HYGI F DEATH	ENE REG. NO	D.		
	20. DATE OF DEATH	MONTH D	AY YEAR	26. HOUR 4160 N
74	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDE 24 HRS HOURS MIN.
R MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY	Ballemo	ed tou
HOSP	120. USUAL OCCUPATION OF WORK FOR MOST OF		12b. KIND OF INDUSTRY	BUSINESS
CITY LIMITS?	130. STREET ADDRESS	Smi	Munn	12174
R'S MAIDEN NAM	14 conta	~ ~	LAST	
AANT / F	ADDRE	1817	N.Sm	2/2/2
rest	77,04,10,5		APPROXIM BETWEEN OF	ATE INTERVAL
react ca	encer			
ED TO THE TERMI	NAL DISEASE OR CON	DITION GIVI	EN IN PART 110	
FORMED	200 AUTOPSY?		WERE FINDING	
INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P.	ART I OR PART 2)	
TION	CITY OR TO	WN	COUNTY	STATE
19 89		1		not(II)we) los
y)(our) opinion d	eath accurred on the de	ote and hour	and from the co	ouses stated

1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) NI CHOLS ARGARET 3. SEX 4. RACE 5. DATE OF BIRTH MONTH To. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? LATATE OF FOREIGN MARRIED P NE COUNTRY ly filled in by the funeral should be filed within 72 WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHE 10. CITY OR TOWN OF DEATH JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION M36 COUNTY YES 7 IA FATHER SNAME 15. MO and 2 350 medicol e IN U.S. ARMED FORCES? 160 WAS DECEASED EVER popers. Poges (YES, NO OR ENKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a). PART I, DEATH WAS CAUSED BY: or remo IMMEDIATE CAUSE (a) other troumatic DUE TO, OR AS A CONSEQUENCE OF otte Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse urial, ci 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL prior to be CERTIFICATION 90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS F certificate hos should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene. marked or Hem 18 shaws 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21 c. HC HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21a. PLACE OF INJURY 21f. LO 216. INJURY OCCURRED AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from FUNERAL DIRECTOR: MPORTANT: If hem 21 is saw the deceased alive on above. (1) (we) (did) ded not) view the bady after death. and that is 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN 226 PHYSICIAN'S NAME 220. ADDRESS 0 23a. BURIAL, CREMATION, REMOVAL

DHMH - 16 50M 4/82 (VRA 15, 4)

HOSPITAL OR ATTENDING PHYSICIAN:

etained by the hospital or

BP.

ng phys

REC'D. BY REGISTRAR 256. REGISTRAB'S SIGNATURE

Good James Trans Hos & Homenster Popular I Santon Smith and State Jan 1 6 11 11 Control of the Contro DISTANCE TO THE MINISTER STATE OF THE STATE Burgel 3 16 8 Tills ham not Ballow the Leseph Buss 3220 Wanth Ave. NISBE E

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE

4	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.				
		OR PRINT)	RST		AIDDLE	L	Alink	20 DATE OF DEATH	MONTH	Z Z	YEAR OY	26 HOUR Z	0
	3. SEX		Cles	RACE .	<u>C</u> 1	5. DATE C	/U//VE DE BIRTH	6. AGE (IN YEARS LAST I	SIRTHDAY)		DER I VE AR	IF UNDER 24 HRS	M
1		Male		Whi	te	MONTH	v. 20. 1908	75	YRS	MONTHS		HOURS MIN	-
1		RTHPLACE I STATE OR FOREK	GN 7b	U. S	HAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY	OR COUN	C'	EATH	A	ND.
7	10. CI	TY OR TOWN OF DEATH	11	. NAME OF H	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA	TION OF WORKING		L KIND OF	F BUSINESS O	
	100	altimore		J. L.	DEATON		licAL CENTER	Garden			Di-vf.	Estat	e
6	13a. S	TATE 136.	COUNTY		GIVE RESIDENCE BEFORE  130 CITY OR TOWN  Baltimon	N	13d. INSIDE CITY LIMITS? YES NO []	13. STREET ADDRESS		han	4 St.	212	31
1		THER'S NAME FIRST SEOFGE	ME	DDLE	Nine		15. MOTHER'S MAIDEN NAM	ME		×.	LAST		
		AS DECEASED EVER IN U		D FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	RESS				_
	_	No 1/2-09-3730 Kussell C-Nine											
		PART I. DEATH WAS O	AUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  ART I. DEATH WAS CAUSED BY:								BETWEEN O	MATE INTERVAL INSET AND DEATH	-
		IMA	DUE TO, OR AS A CONSEQUENCE OF										
		Canditions, if any, wh	which ( 16) Sq running cell CH Camput										
		gove rise to immedia	he DUE TO, OR AS A CONSEQUENCE OF C										
		, ,		(c)	Acten								_
-	NO	A.F.S. T. RI	VR		ETOH AS		NOT RELATED TO THE TERM		NDITION	PINEN IN	PARI Iro		
1	CERTIFICATION	190 DATE OF OPERATION	1				N WAS PERFORMED	200 AUTOPSY?	IN CER		RE FINDING CAUSES (	GS USED OF DEATH?	_
1	CER	210. ACCIDENT WAS UNDERLY		216. TIME O	F INJURY M. MONTH DA	VEAD	21c. HOW INJURY OCCURR				R PART 2)		-
	MEDICAL	OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICALE)		P./		19							
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		21e PLACE (	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR	IOWN	C	OUNTY	STATE	
		220.1 certify that (I) (this saw the deceased of above, (I) (we) (did) (	live on	81218	19	8213	nd that in (my) (our) opinion o	to	date and h	., 19		hat (I) (we) la	st
	-	276 SIGNATURE	D.	/ /	oner deam.	400	DEGREE	MEDICAL	A.F.F.	2	22c. DATE S	SIGNED	_
4	3	6 Con	19h L	N D.	my	2	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN D		4/3	186	
		224 PHYSICIAN'S NAME	TYPE OR PI	W	AVIS		John John	L Der	ton	H	5310	M	
	23a. B	URIAL, CREMATION, REM SPECKY) Burial	OVAL	236. DATE 8/7/	1	- 1	thany Cem.	236 LOCATION CITY OF JOWN	UCK	Sol	FEOIK	W.	1.
	24 FU	INERAL DIRECTOR			ADDRESS		250. DATI	100 4	R 2510 REG		Mansk	ON CALIFORNIA	
	Che	arles S Zeile	24	Son I	nc. ADDRESS	150	onkling St. Av	IG 6 1984	U				- 2

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO Flunt all DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPC FTANT If them 21 is marked or them 18 shows any injury, or ather traumatic event, the medica

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

retained by the hospital ar attending physician.

White Nov. 75 U.S. A. Separatedx Baltimore City Gardener Present 91 AST CH TEC POSTS CHOCK the second of the second when I will the common the state of the transfer Jement on a de militario de la marchitario della 
Plant State of the 
ATTENDING PHYSICIAN: The low requires that the death certificate be

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	0	5	7

		REGISTRAR				ICATE OF DEATH	REG. No.		AY YEAR	I
		CEASED NAME FIRST	iam Ve	rnon	Nor	ris	August 2		84	25 HOU
	3 SEX		14 RACE	111011	S. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER:
	3 36	Male		ack	10	DAM MEAN	62		ONTHS DAYS	HOURS
35	7a. 81	RTHPLACE   STATE OR FOREIGN	76. CITIZEN O	WHAT COUNTRY?	8. MARRIEI WIDOWE	D MEVER MARRIED D	Baltimore City of Baltimo	R COUNTY		
44	10. CI	Baltimore		HOSPITAL, NURSIN UCH FACHITY, GIVE STREET ON MEMOR		Hospital	(TYPE OF WORK FOR MOST C		12b. KIND O INDUSTRY	F BUSINE:
35	USU/ 13a. S	AL RESIDENCE (IF NURSING HOA STATE 13b. CI	AE OR OTHER INSTITUTION	13c. CITY OR TOW Baltim	N	13d. INSIDE CITY LIMITS? YES 🌠 NO 🗌	136 STREET ADDRESS . 4110 Eva	zip code ns Ch	apel	Rd.
00	14. FA	Thomas	MIDDLE .	Norri	s	IS. MOTHER'S MAIDEN NA	MIDDLE		ohnso	'n
/	16a. V	WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YE	. ARMED FORCES? S, GIVE WAR OR DATES)	215-16-		17 INFORMANT Alma Norri	s 4110 Ev			Rd.
		Conditions, if ony, which gave rise to immediate cause (0), stating the	DUE TO.	OR AS A CONSEQUE	(	"achexia		A = \ C = C =	10	
	TION	gave rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICA	DUE TO,  (c)  NT CONDITIONS	OR AS A CONSEQUE  M.C. T.A.  CONTRIBUTING TO E	ENCE OF	TIC CARCIN	AIN AL DISEASE OR CON	DITION GIV	EN IN PART 10	
9	TIFICATION	gave rise to immediate cause (0), stating the underlying cause last	DUE TO,  (c)  NT CONDITIONS	OR AS A CONSEQUE  M.C. T.A.  CONTRIBUTING TO E	ENCE OF	NOT RELATED TO THE TERM	200 AUTOPSY?  YES NO	20b. IF YES IN CERTIF YES	, WERE FINDING CAUSES	NGS USED
9	CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICA	DUE TO,  COL  NT CONDITIONS  19b. CON  TO TIME FORALL HOUR	OR AS A CONSEQUE  M.C. T.A.  CONTRIBUTING TO E	ENCE OF STACE	TIC CARCIN	200 AUTOPSY?  YES NO	20b. IF YES IN CERTIF YES	, WERE FINDING CAUSES	NGS USED
9	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying couse lost PART 2. OTHER SIGNIFICA  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF	DUE TO,  COL  NT CONDITIONS  19b. CON  19b. CON  21b. TIME HOUR AINER)  21c. PLAC	OR AS A CONSEQUE  M C T A CONTRIBUTING TO DITION FOR WHICH  OF INJURY  A.M. MONTH DA	DEATH BUT  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM	200 AUTOPSY?  YES NO	20b. IF YES IN CERTIF YES	, WERE FINDING CAUSES	NGS USED OF DEATI
99		gove rise to immediate couse (a), stating the underlying couse lost part 2. OTHER SIGNIFICA  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHEY MEDICAL EXAMINE AT WORK  21d. INJURY OCCURRED WHILE AT WORK  22a. I certify that (I) (thists saw the deceased alive obove, (I) (we) (34d) (d)	DUE TO,  (c)  NT CONDITIONS  19b. CON  19b. CON  21b. TIME HOUR  AINER)  21e. PLAC (AT HOME	OR AS A CONSEQUE  OF INJURY  A.M. MONTH DA  P.M.  E OF INJURY  SIREET, FACTORY, OFFICE, F	OPERATIO  AY YEAR  19  ARM. ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  19 44  10  11  11  12  13  14  15  19  16  19  17  18  18  19  18  19  19  19  19  19  10  10  10  10  10	ZOO AUTOPSY?  YES NO RED (ENIER NATURE OF INJU	20b. IF YES IN CERTIF YES	, WERE FINDING CAUSES  ART LOR PART 2)  COUNTY	NGS USED OF DEATI NO
7		gove rise to immediate couse (a), stating the underlying couse lost underlying couse lost PART 2. OTHER SIGNIFICA  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CHE ETHER. NOTHER MEDICAL EXAMINATION COURTED WHILE AT WORK  22a. I certify that (I) (this saw the deceased alive above, (I) (we) (bid) (di 22b. SIGNATURE	DUE TO,  (c)_ NT CONDITIONS.  19b. CON  21b. TIME F OEATH HOUR AINER)  21e. PLAC (AT HOME.)  Conspital) attended e on d not) view the back	OR AS A CONSEQUE  OF INJURY  A.M. MONTH DA  P.M.  E OF INJURY  SIREET, FACTORY, OFFICE, F	OPERATIO  AY YEAR  19  ARM. ETC.)	TIC CARCIN  NOT RELATED TO THE TERA  IN WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION  STREET  19  4  10  10  10  10  10  10  10  10  10	ZOO AUTOPSY?  YES NO RED (ENTER NATURE OF INJUINATION TO CITY OR TO DEATH OF THE AMEDICAL STA	20b. IF YES IN CERTIFYES IN CERTIFYES IN CERTIFYES OWN ote and hour	WERE FINDING CAUSES COUNTY  COUNTY  19 220 DATE 47 20	NGS USED OF DEAT NO Causes sta
99	MEDICAL	gove rise to immediate couse (0), stating the underlying couse lost part 2. OTHER SIGNIFICA  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CUIT EITHER NOTHY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK  21d. INJURY OCCURRED  WHILE AT WORK  22a. I certify that (I) (this saw the deceased alive obove, (I) (we) (bid) (dicease)  22d. PHYSICIAN'S NAME AT 22d. PHYSICIAN'	DUE TO,  (c)	OR AS A CONSEQUE  M C T A S  CONTRIBUTING TO D  DITION FOR WHICH  OF INJURY  A.M. MONTH DA  P.M. E OF INJURY  STREET, FACTORY, OFFICE, F  The deceased from  By after death.	OPERATIO  AY YEAR  19  ARM.ETC.)	TIC CARCIN  NOT RELATED TO THE TERA  IN WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION  STREET  19  4  10  10  10  10  10  10  10  10  10	ZOO AUTOPSY?  YES NO RED (ENTER NATURE OF INJUINATION TO CITY OR TO COMPANY ASSENTING THE AMEDICAL STA	20b. IF YES IN CERTIFYES IN CERTIFYES IN CERTIFYES OWN ote and hour	WERE FINDING CAUSES COUNTY  COUNTY  19 220 DATE 47 20	NGS USED OF DEATH NO  st that (I) (We causes sta

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and completely filled in by the fu loges 1 and 2 should be filed with

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hyeine prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The law requires that the

TO HOSPITAL

injury, or other traumatic event, th

MPDRIANT If hem 21 is morked or livering

death certificate be executed within 24 hours after

FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGRENE CERTIFICATE OF DEATH

Care .	

Γ.	- STATE REGISTRAR			CERTI	FICATE OF DEATH		REG. N	10.		
	CEASED NAME FIRST	A	IDDLE		LAST	2e. DAT	E OF DEATH	MONTH	DAY YEAR	ZE HOUR
1117	The state of the s	dna Mar	ie Nort	on			August	3 1984	4	8:25 Pm
3. SE		4. RACE	or whellens		OF BIRTH	€ AGE	IN YEARS LAST BE		# SINDER 1 TEAR	
I	Pemale	Caucasi	an		ember 3 1894	89	11	YRS.		/ same   mine
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	VHAT COUNTRY?	8. MARRIE	ED NEVER MARRIED	9 BALT	MORE CITY	OR COUNTY	OF DEATH	
	Yaryland	United	States	WIDOW			CITO	7		MD.
10. C	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION		JAL OCCUPAT			OF BUSINESS OR
	Baltimore	Caton M	anor Nursir	g Hon			enaker		, , , , ,	
	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, C	GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	13e.STR	ET ADDRESS	/ ZIP CODE	E	
I	IV	e Arumdel	Pasadena		YES 🔀 NO 🗌		04 Hills			21112
14. F.	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN N	NAME	MIDDLE		LA	ST
V	venceslaws Jirsa				Maria Saue					
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECUI	RITY NO.	17. INFMEMAHOWARD	S. Nor	ton Jr.	ESS		21112
	ď		213-82-4	726	1204 Hills:	ide Roa	d :	Pasaden		Maryland
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one cause per l	ine far (a), (b), and	d (c).1	2 1				BETWEEN	ONSET AND DEATH
		ATE CAUSE (a)	nterus	100	enofie he	ant	due	16-2-	11	M
		DUE TO OR	AS A CONSEQUE							
	Conditions, if any, which	( (b)	AS A CONSCOUL	INCL OF						
	gave rise to immediate cause (a), stating the	)	16 1 6011650115							
	underlying cause last.	DUE TO, OR	AS A CONSEQUE	NCE OF						
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BU	T NOT RELATED TO THE TER	RMINAL DIS	EASE OR CON	IDITION GIV	/EN IN PART 1	lo l
8										
CERTIFICATION	190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a A	AUTOPSY?		S, WERE FIND	
Ĕ						YES	NO		FYING CAUSE:	NO [
E. E.	210. ACCIDENT WAS UNDERLYING	110110 4 4		V VEAD	21c. HOW INJURY OCCU	JRRED (ENT	ER NATURE OF INJU	JRY IN ITEM 18	PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF D	LAIN	A. MONTH DA A.	19 TEAK	:					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	F INJURY		211 LOCATION		CITY OR TO	Diarki	COUNTY	STATE
Z	WHILE NOT WHILE AT WORK	(AT HOME, STRE	ET, FACTORY, OFFICE, FA	ARM ETC ]	STREET		CITY ON TO	JWN	(001411	STATE
	220.1 certify that (1) (this has	pital) attended the			19 1910	, to_	8 -	3	19.87	that (I) (we) lost
	saw the deceased alive a above (1) (we) (did) (did )	in 8 - 3		24,0	ind that in <del>(my</del> ) (our) apinio	on death occ	urred on the d	ate and hav	or and fram the	causes stated
	226. SIONATURE	lor view life body o	0 0		DEGREE	-			22c. DATE	SIGNED
	Jalinom	Co Col	Va ans	. 1	ATTENDING PHYSICIAN		TOR PHYSI		18.6	-84
1	274 PHYSICIAN'S NAME TYPE	OR PRINT)	and the second	1-1-	22e. ADDRESS	-				
		0								
	BURIAL, CREMATION, REMOVA	L 236. DATE	23c. N	IAME OF	CEMETERY OR CREMATOR	Y 23d L	OCATION			
	(SPECHY) Burial	8-07-84			wn Cemetery		city or town		county altimore	Maryland
		ng Byers Fu			75a. D	ATE REC'D.			TRAR'S SIGNA	
	8728 Liberty Road 1				TIN-	JG F			undcon-1	
. (	JAZU THUELLY ROCK	TO LIGHT STOW	II' LOTATOR	لللك ا	U	•	,	1	1	-

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FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	).		4
	1. DECEASED NAME FIRST (TYPE OR PRINT)	Marie An		AST	20 DATE OF DEATH	, 1984	YEAR	26 HOUR
1	3. SEX	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	HS DAYS	IF UNDER 24 HRS
1	Female	white	Dec	14. 1909	74	YRS.	HS DAYS	HOURS MIN.
1	Jo. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WI	HAT COUNTRY?		9 BALTIMORE CITY O		DEATH	
4	COUNTRY) Maryland	U.S.		D NEVER MARRIED	Baltimore	Citu		
4	10. CITY OR TOWN OF DEATH		DSPITAL NURSING HOME O		120 USUAL OCCUPATION		2h KIND C	MD.  F BUSINESS OR
~		(IF NOT IN SUCH F	FACILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF		NDUSTRY	
-	Baltimore		Batavia Avenue	9	Ret Secre	tary F	Balto	City
2	USUAL RESIDENCE (IF NURSING HOM 13a STATE 13b. CC		3c. CITY OR TOWN  Baltimore	134. INSIDE CITY LIMITS? YES XX NO	3103 Batav	ZIP CODE 'ia Ave	212	214
	14. FATHER'S NAME FIRST John	Milburn	LAST	15. MOTHER'S MAIDEN NAME Clara	MIDDLE	eth	LAS	т
ī	16e WAS DECEASED EVER IN U.S.		6b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	5\$		
	(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	212-30-0531	Mr. Joseph H	R Norton Jr	SS 225 Ros Tarzana	.Cal:	i F91356
	PART 2 OTHER SIGNIFICAN  1% DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING		NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONE	20b IF YES, WE	ERE FINDIN	NGS USED
	TIES THE STATE OF				YES NO	IN CERTIFYING	]	OF DEATH?
1		DEATH HOUR A.M.	. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
	OR CONTRIBUTING CAUSE OF	21e. PLACE OF		216 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
	22a.1 certify that (I) (this had sow the deceased alive above (II) we) (did) (did		fter death.	nd that in (my) (our) opinion (	deoth occurred on the do	2, 19 c	, ,	that (I) (we) lost couses stated
	22h Sierrature	m	266	MD ATTENDING PHYSICIAN	MEDICAL STAF		224 DATE	29/24
	Da UIS	M. H	taha	220 ADDRESS / Le	och Rave	n 13/0	0.	
	23a. BURIAL, CREMATION, REMOV	Aug.31		thedral Cem	23d LOCATION CITY OF TOWN		DUNTY	STATE
	Burial	Aug.JI	. IJOH NEW Ca	chediai cem	Baltim	ore Mas	7 7	-

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR

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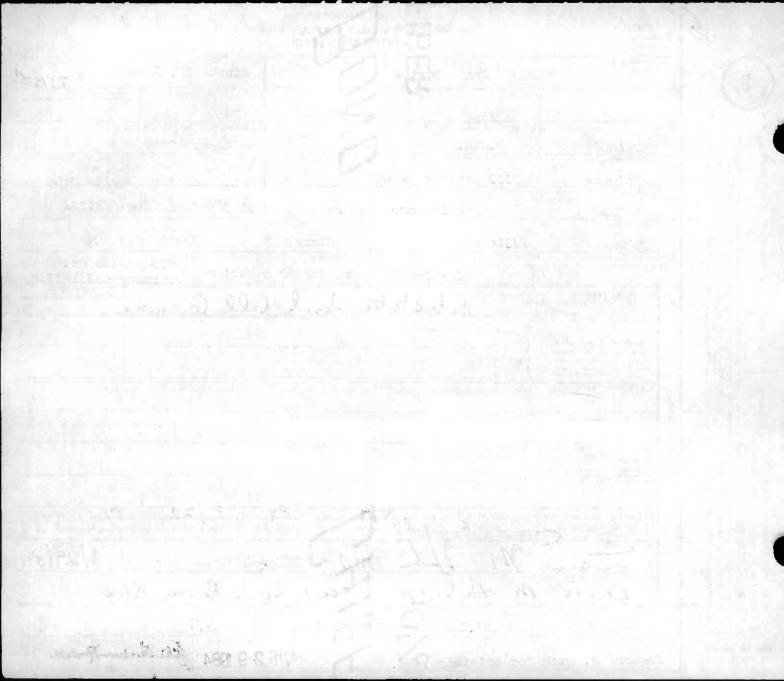
TO FUNERAL DIRECTOR:

should be detoched for use as the burial-transit permit. Then please remove carbonpapers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MAPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

Leonard J. Ruck Inc Baltimore, Md.

250. DATE REC'D. BY REGISTRAR SS. REGISTRAR SSIGNATURE

AUG 2 9 1984 Sule Deviden Bonde



## CTATE OF MARYIAND

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6.00			

FOR - STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH			
DECEASED NAME	FIRST	WIDDLE	LAST	20.	
	TITTTTAM	THEODORE	NIOLIT A NID		

	REGISTRAR				CENTIL	CAILOI	DEATH		REG. N	Ю.			
	CEASED NAME	FIRST	N	AIDDLE	L.	AST		2e. DAT	E OF DEATH	MONTH	DAY YEAR	26 HC	DUR
TYPE	OR PRINT)	ILLIAM	TH	HEODORE	NOI	WLAND				8	10 84	12	.07 P.M
3. SE	X	4	RACE		5. DATE O			6. AGE	(IN YEARS LAST B	RTHOAY)	MONTHS DAY		ER 24 HRS
	MALE	3.5	WHIT		MTMOM 80	1.2	27		56	YRS.	MONTHS DAT	4	MIN.
	RTHPLACE (STATE OF	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8 AAA DOIE	NEVE	R MARRIED	9 BALT	MORE CITY	OR COUNT	Y OF DEATH		
	MARYLAND	1177	U.S.	Α.	WIDOWE		DIVORCED [		BALTI	ORE (	TTY		MD.
10 CI	TY OR TOWN OF DEA	ATH 1	1. NAME OF F	OSPITAL, NURSIN	G HOME O		ISTITUTION		JAL OCCUPAT	ION	12b. KINE	OF BUSH	
	BALTIMORE		ST	AGNES	HOSPI'	TAL			LABOREI				BALTO.
	AL RESIDENCE (IF NURS	113b. COUNT		GIVE RESIDENCE BEFORE		113d INSIDE	CITY LIMITS?	113e STRE	ET ADDRESS	/ 7IP COD	)E		
	ARYLAND	130. 00014	The same of the last of the la	BALTIMO		YES TE	NO [				SS STRE	ET.2	1230
14. FA	THER'S NAME	-				15 MOTHE	R'S MAIDEN I						
	WILLIAM		IDDLE	NOWLAND	8.00		CLARA		MIDDLE			LISON	
Ión V	VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORA		<u> </u>	ADDR	ESS	ME		230
- 0	YES NO OR UNKNOWN)		EAN	219-22-	4620	CLAF	A H. N	JOWT.AN	120	WEST	CROSS		
	18 CAUSE OF DEAT	-				,		101122321	120	11202	APPE	OXIMATE IN	TERVAL
	Conditions, if ony gove rise to improve (o), static	IMMEDIATE , which mediate	DUE TO, OF	Cardio - Pas a conseque Papera Fio	on for	usno	0.00		le abs	enf			
	underlying couse		DUE 10, 01	as a conseque	c fol	lowe	ny a	C-V-1	9.				
100	PART 2 OTHER SIGN	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T								IDITION G	IVEN IN PART	110	
o N	F-14 (17)												
CERTIFICATION	190 DATE OF OPERA	196 DATE OF OPERATION 196 COND			FOR WHICH OPERATION WAS PERFORMED			200 A	NO	IN CERT	ES, WERE FINI IFYING CAUS IES		ATH?
	210. ACCIDENT WAS UNI	CAUSE OF DEAT	HOUR A.	O. TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19		21c. HOW INJURY OCCURRE		URRED (ENT	RED (ENTER NATURE OF INJURY IN ITEM 18 PA		PART FOR PART?	?)	
MEDICAL	21d INJURY OCCUR	HILE	21e. PLACE (	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC (	211 LOCA SIR			CITY OR T	OWN	COUNTY		STATE
3.0	22a.   certify that (1)	(this hospite	ol) ottended the	e deceased from_	433		, 19	, to			. 19	_, that (I)	(we) lost
	sow the deceos obove, (1) (we) (	ed alive on_	view the hody	ntter denth	, on	id that in (m	y) (our) opini	on death acc	urred on the	late and ha	our and from t	he couses	stated
	226. SIGNATURE	1			-	DEGREE		274			22c. DA	TE SIGNE	D
	K	Thener	~				PHYSICIAN		TOR PHYS		8/	11/8	4
	22d. PHYSICIAN'S N.		TMAI	V	407	22e ADDR							
	1481C	. P.	TIAII	7.		c/o	ST. AC	GNES H	OSPITA	, 900	S. CA	TON	AVE.
23o 8	BURIAL, CREMATION,	REMOVAL	23b DATE	23c. N	IAME OF C	EMETERY O	RCREMATOR	23 d. L	OCATION				

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the should be detached for use as the buriol-transit permit. Then please remove corbonpopers. Pages 1, and 2 should be fill with the State Dept of Health and Mental Hygiene prior to buriol, cremation, ar removal.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

etained by the hospital or attending physici

IMPORTANT: If them 21 is morked or them 18 shows any injury, or other traumotic event, the medical

DHMH - 16 50M 4/83 (VRA 15, 4)

BURIAL

24 FUNERAL DIRECTOR

Y WOODLAWN BALTIMORE MD.

1250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

AUG 1 3 1984 Inlia Javidson Randson 08-13-84 WOODLAWN CEMETERY
21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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retained by the hospital or attending physician.

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

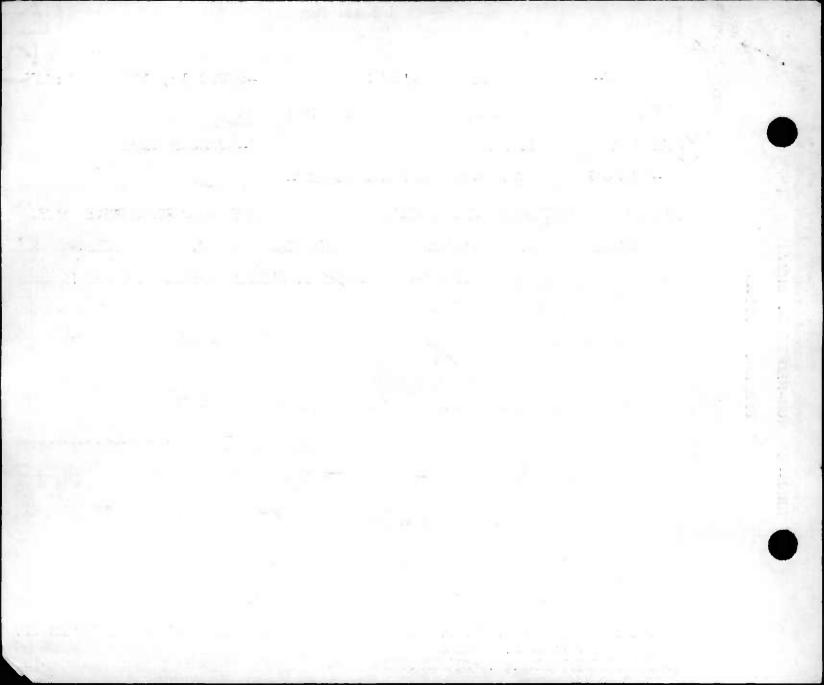
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely ishould be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 sm with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

1 -	FOR STATE REGISTRAR	DEPAR		IEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.				
I DEC	CEASED NAME FIRST	MIDDLE		AST		ONTH DAY YEAR	2b. HOUR		
	OR PRINT) PAUL	7	O P D T	TONT	**				
			O'BRI		AUGUST 10	1	8:45		
3. SEX		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS	HOURS A		
MA	LE	CAUCASIAN	MARC		13	YRS			
7a. BIF	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	? 8.	D NEVER MARRIED XX	9 BALTIMORE CITY OR	COUNTY OF DEATH			
	RYLAND	U.S.A.	WIDOWE		BALTIMORE	CITY			
_	TY OR TOWN OF DEATH	1). NAME OF HOSPITAL, NURS	ING HOME		12a USUAL OCCUPATION	12b. KIND (	OF BUSINESS		
1	ALTIMORE	THE JOHNS H	OPKIN	S HOSPITAL	STUDENT	VORKING LIFE) INDUSTRY			
	AL RESIDENCE (IF NURSING HOME OF	NTY 13c. CITY OR TO		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	7IP CODE			
	M.	GOMERY SPENCERS		YES NO	1405 PARRS I		2086		
	THER'S NAME			15. MOTHER'S MAIDEN NA	ME	CIVOL DAIVE	2000		
1	FIRST	MIDDLE LAST		FIRST	MIDDLE	11.711.0			
160-30		J. O'BRIEN RMED FORCES? 166. SOCIAL SEC	LIPITY NO	KATHERINE 17 INFORMANT	ADDRESS	MONS	ON		
		IVE WAR OR DATES	UKII 1 140.	II IN ORMAN					
N	10	216-98-	-8294	DONALD J. O'F	BRIEN FATHER	SAME AS	13		
	18 CAUSE OF DEATH (Enter o	nly ane cause per line far (a), [b), o		- 6 -1	1	BETWEEN	ONSET AND DE		
	PART I. DEATH WAS CAUS	TE CAUSE (a) Suspen	ed "	yle Shock		3h	auro		
		DUE TO, OR AS A CONSEQ	HENCE OF						
_	Conditions, if ony, which	( (b) 5 CLOSE	OENCE GE	antro intal	and probe	1/	te		
	gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ		, ,					
	PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT PELATED TO THE TERM	IN AL DISEASE OR COND!	TION GIVEN IN PART I			
Z									
Ĕ	4 190 DATE OF OPERATION 190. CONDITION ERR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES,								
FIC.	IN CERTIES								
RTI				1	YES P NO	YES T	NO 🗌		
	21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ☐ CAUSE OF DE	- Control of the Control of	DAY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)			
CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19						
MEDICAL	21d INJURY OCCURRED	71e PLACE OF INJURY		21f LOCATION STREET	CITY OR TOWN	(OUNTY	STAT		
Σ	WHILE NOT WHILE AT WORK	TAT HOME STREET, FACTORY, OFFICE	, FARM, ETC.	J. C.					
		pital) attended the decemsed from	8/	10/ 10 8	4 to 8/	10 10 84	that (I) (we)		
	saw the deceased alive o	-/10/	-Bal /	nd that in (my) (aur) apinion (		and hour and from the			
1 4	above, (I) (we)   did)   did n	at) view the body after death.		DEGREE			SIGNED		
	The SharyATORE	^	ne	ATTENDING (	DEDICAL STAFF	Inc. Dail	SIGNED		
	X7 2	4	MI	PHYSICIAN	DIRECTOR PHYSICIA	N 🗆			
	HE PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	/ /	81211			
	1 0/0/10	5. (90 mder-		Johns B	to v kent	100			
73a B	BURIAL, CREMATION, REMOVA	1 23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
(	(SPECIFY)				CITY OR TOWN	COUNTY	STAT		
	Burial	Aug. 14, 1984 GA		HEAVEN CEMETE	KV SILVER SI	PRING MONTG			
24. FL	INERAL DIRECTOR FRANC	IS J. COLLINS DRESS		ZSa DAT	E REC'D. BY REGISTRAR 25	REGISTRAR'S SIGNA	Kander		
50	A HATHEDOTTH D	ILVD. W. SILVER	CDDTKI	G. MD. All	G 2 D 1984	relia Davidson-			



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# DEPA

LAST

A CARLES

					AKTE		12	4.5
RTN	AENT	OF	HEA	LTH	AND	MENTAL	HYGIENE	
	CE	RTI	FIC	ATE	OF	DEATH		

REG. NO				
20 DATE OF DEATH MONTH	DAY S	S4	26 нои 8:35	P,
6 AGE (IN YEARS LAST BIRTHDAY)		RIYEAR	IF UNDER	_
76 YRS	MONTHS	DATS	HOURS	MIN.

	WILLLAM CIRLIS	U LOMME	11.1
SEX	4. RACE	5. DATE OF E	3 IRTH
/		MONTH	
Male	White	July	15
DIDTUDIACE	THE CONTRACT OF SHIRLD COUNTRY OF	Lo.	

5.1908 MARRIED | NEVER MARRIED X

DAY

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE

120 USUAL OCCUPATION

MIDDLE

Maryland 10 CITY OR TOWN OF DEATH

WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Type of work for most of working life) Auditor B.G.

BALTIMORE USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b. COUNTY Maryland

Baltimore

UNION MEMORIAL HOSPITAL

YES NO ...

13e.STREET ADDRESS / Z Belvedere Ave, 212 15 MOTHER'S MAIDEN NAME

14 FATHER'S NAME

FOR

- STATE REGISTRAR

I. DECEASED NAME TYPE OR PRINTS

Francis J. O'Donnell

18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c)

Nannie Brady 17. INFORMANT

YEAR

4426 Roland Springs Dr

126 KIND OF BUSINESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES YES, NO OR UNKNOWN)

PART I. DEATH WAS CAUSED BY:

166 SOCIAL SECURITY NO 212-05-2801

Patricia A. Thomas

Renal

Balto Md. BETWEEN ONSET AND DEATH days

IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate (o), stoting

underlying

CERTIFICATION

prior

buriol-tronsit per Mentol Hygiene

00

PORTANT

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Mostatic

couse

196 CONDITION FOR WHICH OPERATION WAS PERFORMED Prostate

20a AUTOPSY?

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21d INJURY OCCURRED AT WORK AT WORK

21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM FTC } 211 LOCATION CITY OR TOWN

COUNTY STATE

270 I certify that (Italian hospital pattended the deceased from sow the deceased alive on 900 to 190 (and not) view the body rife, death.

DEGREE

ATTENDING PHYSICIAN DIRECTOR

TYPE OR PRINT

236. DATE

UNION MEMORIAL HOSPITAL 23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

CITY OF TOWN

and that in any our) opinion death occurred on the date and hour and from the causes stated

Md.

(VRA 15, 4)

DIRECTOR.

23a BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR

29.1984 Loudon Park

Baltimore City 250 DATE REC'D. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

DHMH - 16 50M 4/83

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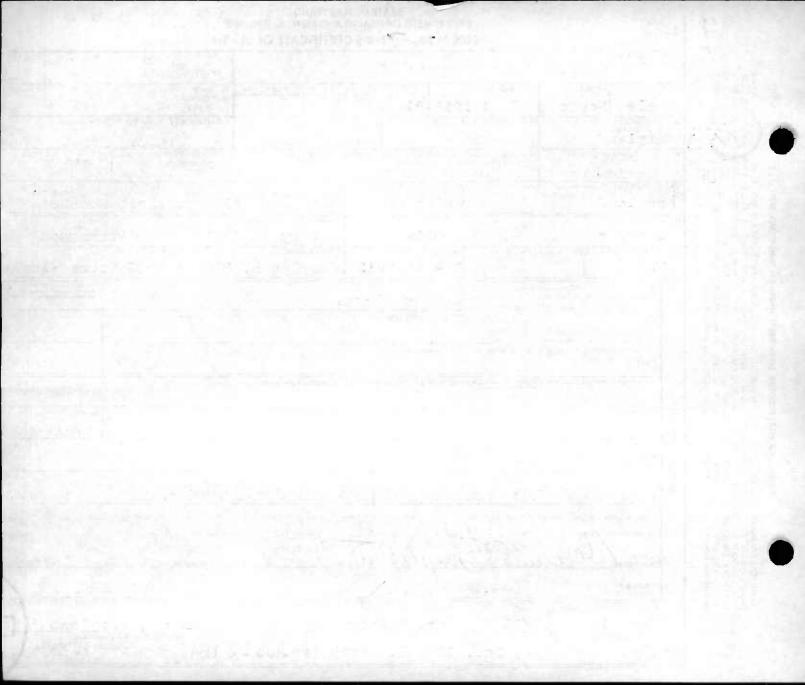
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

20M 4/B2



# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6 0

		REGISTRAR				CEKITI	ICATE OF D	EATH		REG. N	Ю.				
1		EASED NAME	FIRST	1	MIDDLE	ī	AST		20 DATE C	F DEATH	MONTH	DAY	YEAR	2b HC	UR
	(TYPE (	OR PRINT)	EDNA		C.		OLIVER				8/	3/	184	4	AMM
	3 SEX			4. RACE		5. DATE O			6. AGE IN	YEARS LAST BIR	RTHOAY)	IF UN	DER ) YEAR		ER 24 HRS
-	Market St.	FEMALE		WHI	TE	5	16	03	8:	1	YRS		DAYS	HOURS	WINL
		THPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A D D JE	D NEVER A	AADDIED	9 BALTIMO	ORE CITY C	OR COUN	TY OF	DEATH		
		ryland		U.S.	Α.	WIDOWE		ORCED	Ba:	1timo	re Ci	ty			MD.
5	Ва	YORTOWNOFD altimore		St. Ag	HOSPITAL, NURSIN H FACILITY, GIVE STREET NES HOSPI	tal	OR OTHER INST	NOITUTI	(TYPE OF WO	OCCUPAT EREFORMOSTO Eria V	OF WORKING	LIFE) IN	KIND O IDUSTRY COUR	Bon	
7	13a S1		136 COUN		GIVE RESIDENCE BEFORE 130. CITY OR TOW Baltimo	N	13d. INSIDE C	ITY LIMITS?	13e.STREET	ADDRESS 2 Lemn			et 2	122	3
7	14 FA1	THER'S NAME FIRST		MIDDLE N	LAST			MAIDEN NA/ FIRST Bertha		MIDDLE		246	UNK	NOW	N
		AS DECEASED EVE		MED FORCES?	166 SOCIAL SECU		17 INFORMA			ADDR					
		NO			215-12-	1939	Mary E	. Kric	kbaum	1247	Have	rhi	L1 Rd		21229
		18 CAUSE OF DEA	TH (Enter or	ly one couse per	line far (a), (b), and	dice		100	Tille .				BETWEEN		
	-	TAKTI. DEATH		TE CAUSE (0)	COMA							-		Ode	ays_
		Conditions, if or gave rise to in cause (a), star underlying cau	nmediate	(b)_	R AS A CONSEQUE CEREBRA R AS A CONSEQUE	AL	METAS	TASES	5		18		U.	UKM	NowN
	NO		GNIFICANT (	The second second	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISEA	SE OR CON	NDITION G	SIVEN II	N PART III		
	CERTIFICATION	190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUT	OPSY?	IN CER		RE FINDING CAUSES		ATH?
		OR CONTRIBUTING	CAUSE OF DE	ATT.	M. MONTH DA	YEAR	21c. HOW IN	JURY OCCURE	RED (ENTERN	IATURE OF INJU	JRY IN ITEM T	8 PART 1	OR PART 2)		
	MEDICAL	VHILE NOT	WHILE	21e. PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	211. LOCATIO STREET	N		CITY OR TO	OWN		OUNTY		STATE
		sow the deceded abave (1) we	ased alive	tal) attended the 8/2	19 5	6/2	nd that ir (my)	, 19 <b>84</b> (our) apinion (	death accurr	8/3 red on the d	late and h	_, 19 aui and	_		)we) lost stated
		226 SIGNATURE	el A	Malu		1		TTENDING THYSICIAN	DIRECTOR				22c. DATE 8/3/	SIGNEI	D
		MICHAE		OR PRINT)	ER, MD	•	900 S.	CATO	VAV	E	BA	LTO	MD	21	045
		URIAL, CREMATION  Buri					EMETERY OR (		23d. LOC	Y OR TOWN	TY		YIMU	м	STATE
	24 ELL	NERAL DIRECTOR	a I	8/6/8	4 1	wode	ridge N	125n DAT		ridge REGISTRAR	25h REGI	OWA:	SSIGNAT	LIRE	d.
		NAME	eral H	lome. In	c. 4107 W	2122		AU	6	1984	المقالد	David	son-10	mdet	Se.

Hubbard Funeral Home, Inc. 4107 Wilkens Ave

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages Land 2 should be filled with the State Dept. of Health and service prior to burial, cremation, or removal.

MAPORTANT: If them 21 is marked at removed to burial, or other troumotic event, Thomsedical examinations and the state of the s

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Bushard Tunutra dong, Jun. 4 07 Millions / vo. . .

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CER	TIFICATE OF DEATH	REG NO.	
I DE	CEASED NAME FOR PRINT) FTHE	1	uise 0/	IVER	2a DATE OF DEATH MONTH	1084 11 DIN
3 SE		RACE	ack S DA	ONPH YEAR	6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN
7n B	Female		WHAT COUNTRY? 8	1 27 15	BALTIMORE CITY OR COU	RS CE DEATH
0	COUNTRY)		MAR	RRIED NEVER MARRIED		
	OF OR THE NOT DEATH			ME OR OTHER INSTITUTION	Baltimore Ci	
L	AllimORE	Provid	ent Hospital		Custodian	City Schools
1Ja	STATE 13b COU	ROTHER INSTITUTION, NTY	GIVE RESIDENCE BEFORE ADMISSI 131 CITY OR TOWN	13d INSIDE CITY LIMITS?		7 Windsor Avenue
_	aryland ATHER'S NAME		Baltimore	YES X NO	Baltimore, Ma	aryland 21216
14. F.	Lerov	WIDDLE	Wheeler	15 MOTHER'S MAIDEN NA	MIDDLE	Paraway
	WAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECURITY NO	O. 17 INFORMANT	3716°H111s	
1	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	219-03-1975	Gloria N. Mi		Maryland 21207
CERTIFICATION	gave hise to immediate cause (a) stating the underlying cause lost.  PART 2 OTHER SIGNEFICANT  196 DATE OF OPERATION	SCOTTON TO S	INTO SECULIAR TO DEATH I	east resolution weekly between which	MINAL DISEASE OF CONDITION  288. AUTOPSY? 108. 9	FYES, WERE FINDINGS USED
Ĭ	None				VES   NO	PRTIFYING CAUSES OF DEATH?
	230. ACCIDENT WAS UNDERLYING. OR CONTRIBUTING	ALH HOUR A.A	M MONTH DAY YE	AR 19	MALI HETER ASSETTAN BESTARL DESCRIPTION	A TE PART I CREART 2)
MEDICAL	216 PAJURY OCCURRED  WHILE AT WORK AT WORE	21e. PLACE C	DE INJURY BET, FACTORY, DEFICE, FARM, ETC	211 LOCATION	O del con	COUNTY STATE
	27s.f certify that (I) (this hosp say the deceased alive ar stores (I) (we) (did) (did no	V//D	SEL	and that in (my) (our) apinion	death occurred on the date and	hour and from the courses stated
	TO SECONATURE TO SECONATE COMES		ms w	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1101
	1. V200	Control of the Control of the		7200		ON AVE 1/2 20
23a.	BURIAL CREMATION, REMOVAL SMCPT) Burial	8/15/1		of Eternal Ho	Pinksburg	Maryland
TAF	UMER CONS		ynns Falls I		TE REC'D. BY REGISTRAR 256. RE	
	neral Home Inc.		- ADDRESS	1 21216 A	JG 1 6 1984 J	war friedly my for the

Funeral Home Inc./Baltimore, Maryland 21216

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR should be detached for with the State Dept. of IMPORTANT, IF IN

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		FOR STATE REGISTRAR					EALTH AND MENTAL HYD	REG. NO		0 0	
		OR PRINT)	FIRST FOSIA		MIDDLE	ONE	SWBY		19 13,	1984 8.	SSP M
	3 SEX	FEMALE		BLA	-CK	S. DATE C		6. AGE (IN YEARS LAST BIRTH	YRS.	ITHS DAYS HO	NDER 24 HR5 URS MIN.
0	Sh	RTHPLACE (STATE ORF	C.	US	WHAT COUNTRY?	WIDOWE	Q	BACTIMO	re c	1174	MD
炮	BA	HTI HORE		S/NA	HOSP	TAL	OR OTHER INSTITUTION	176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE)	17b KIND OF BU INDUSTRY	SINESS OR
5	13e. S	MD	13b. COUNT		136. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / PIMLICO H	ZIP COPE	NURS/N	G HOME
D		THER'S NAME		DOLE	Mc Fiel	1	15. MOTHER'S MAIDEN NA FIRST MA-Hr e	ME MIDDLE		Field	1
1		VAS DECEASED EVER		ED FORCES? WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17. INFORMANT CHART	ADDRES	5		
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only 'AS CAUSED IMMEDIATE	BY	CARDI	AC	ARREST			APPROXIMATE BETWEEN ONSE!	OTES
	NO	Conditions, if ony, gove rise to imm couse (o), statin underlying couse	nediote ig the lost.	(b)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN	24 HO	URS
000	CERTIFICATION				ITION FOR WHICH	HICH OPERATION WAS PERFORMED 700 AUTOPSY? 10 IN			70b. IF YES, W IN CERTIFYIN YES [	VERE FINDINGS NG CAUSES OF I	USED DEATH?
9	MEDICAL CER	7)a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	P.	M. MONTH DA M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM IS PART	I OR PART 2)	
	MED	71d INJURY OCCUR	RK		REET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TOW	IN .	COUNTY	STATE
		22a.1 certify that (1) sow the decease above, (1) (we) (4	ed olive on_	AVG	3 198	40	nd that in (my) (our) opinion	death accurred on the do	te and hour or	nd from the cous	
1		776. SIGNATURE  Mauk  774 PHYSICIAN'S NA	Ms	vec	ls.		DEGREE  ATTENDING PHYSICIAN [ 127e. ADDRESS	MEDICAL STAF		AUG 13	1984
		MARK	NOV	ECK			SINAI HOSPI	17.7	MORE	E, MD2	1215
	(	BURIAL, CREMATION,	REMOVAL	23b. DATE 8-1	8-84 236.1	1	tus Mem. PK	BAITO.		OUNTY	Md.
	24 FL	UNERAL DIRECTOR NAME VILLIAM C	Brown	120	6-08 W.	North	hAve. AL	IG 3 0 1984	Tuna Dau		tell.

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TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and is should be detached for use as the burial-transit permit. Then please remave carbonpopers, Progression Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, "III

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate or

retained by the hospital or attending physician.

(VRA 15, 4)

DHMH - 16 50M 4/83

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the threstor should be detacked for use as the burnal-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 his with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar ather traumatic event, the medical exp

IMPORTANT: If them 21 is marked at them 18 shows any

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

EU.	Ur	HEALIN	ANU	MENTAL	nry
CE	RTI	FICATE	OF	DEATH	

1.	FOR STATE REGISTRAR			DEPART				ĎENE 😘	REG. NO	).	0		
	CEASED NAME E OR PRINT) HA-	FIRST					JE.	2a DATE OF	DEATH	MON1H 3	o 84	26 HOUR	PM
3. SE		4. 6		A 6716	MONT	H DAY	YEAR		ARS LAST BIRT				
70 8	FEMALE INTHPLACE (STATE OR F.	OREIGN 7h			2 00 1073				E CITY O	YRS.	OFDEATH		_
	Pennsylvani				MARRIE			VS F	LT		RF	d descr	AAD
10.C	ALTIMOR	E 1981 MODEL  MAX OS BORNE  BLACK  BL											
13a	MARYLAND		ER INSTITUTION	13c. CITY OR TOV	VN	YES 💢	NO []	AVE.					215
14 67	ATHER'S NAME FIRST William	MIDI	DLE		rd	15 MOTHER	FIRST						
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO.							namwell			e. Mar	vland 2	212
NO		nediate g the last.	(b) DUE TO, OF	CHROL RAS A CONSEOU	JIC JENCE OF					DITION GIV	EN IN PART 1	la·	=
CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	H OPERATIO	ON WAS PERFO	ORMED			IN CERTIF	YING CAUSE:	S OF DEATH?	
MEDICAL CER	(IF EITHER NOTIFY MEDIC  21d. INJURY OCCURR  WHILE NOT WH AT WORK AT WOR  22a.1 certify that (1)  sow the decease	(AUSE OF DEATH ALEXAMINER)  (RED  (ILE         (Ithis hospital) (Ithis dalive on     (Ithis dive on     (Ithis hospital) (Ithis hospital)	HOUR A./ P./ 21e PLACE ( (AT HOME, STR)  oftended the	M, MONTH D  M.  DF INJURY  EET FACTORY OFFICE  deceased from  19	FARM ETC)	211 LOCATION STREET	ON T 19 St 1 (our) Opinian of ATTENDING PHYSICIAN	, to	CITY OR TOY	te and hour	COUNTY	that (I) (we) lo	ast
	KRISH	AN	MA	THUR		Ral	7000	موري	and	H	1321	215	

231. NAME OF CEMETERY OR CREMATORY

Riverside Cemetery

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

etained by the haspital or attending physician.

Witter & Sons 2501 Gwynns Falls Parkway Funeral Home Inc. Baltimore, Maryland 21216

9/7/1984

236. DATE

23a. BURIAL, CREMATION, REMOVAL

Burial

23d LOCATION
CITY OF TOWN
Saugus, REGISERAR'S SIGNALIRE

Mass.

W./ IYAn.

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Stelle Fr

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Jural //1986 fiversica Cometern seach,

Puneral Home Inc. Bullimore. Maryland 21216

Nuttin & Sink Paul Grynne Falls Partney

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OR ATTENDING PHYSICIAN: The law requires that the

etained by the hospital ar attending physician

TO HOSPITAL

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# FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO	O	
		FIRST MIDDLE		LAST		MONTH DAY YEAR	26 HOUR
	(TYPE OR PRINT)	ORGI Ea.	rl	OTT		8-26-84	7:25
3	Male	4. RACE White		OF BIRTH 25,91893 YEAR	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR MONTHS DAYS	
	Washington, D		COUNTRY? 8.  MARRI WIDOW	ED NEVER MARRIED K	9. BALTIMORE CITY OF Baltimore	e City	
40	Baltimore		TAL, NURSING HOME TTY, GIVE STREET ADDRESS) S HOSPITAL	OR OTHER INSTITUTION	12a USUAL OCCUPATION CA THOUSTON		OF BUSINESS
6.60	USUAL RESIDENCE (# NURSING 130. STATE Maryland	HOME OR OTHER INSTITUTION, GIVE RI BALTIMORE CA	SIDENCE BEFORE ADMISSION ITY OR TOWN CONSVILLE	YES NO NO	13. SIREET ADDRESS /	n Choice La	21228
3	Joseph	William Ot	t LAST	Josephine	MIDDLE	Hartbrec	ħt
2	(YES, NO OF UNKNOWN)		3-48-0924	ADDRE		210	
-	18 CAUSE OF DEATH	Enter only one couse per line for	or (o), (b), and (c).)			APPRO	NIMATE INTERVA
		MEDIATE CAUSE (a)	sepses			2	day
y inlory, at		ICANT CONDITIONS CONTRI	BUTING TO DEATH BU		AIN AL DISEASE OR CONE	DITION GIVEN IN PART	
	THEIC	GAIZ ESTABLE			YES NO	IN CERTIFYING CAUSE YES	S OF DEATH
	OR CONTRIBUTION CAL	JSE OF DEATH HOUR A.M. I	JRY MONTH DAY YEAF 19		RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART ?	
orked of	(IF EITHER NOTIFY MEDICAL  ZIG INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, STREET, FA	JURY CTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	WN COUNTY	STA
E SI 17 0	sow the deceased above, (1) (we) (did	his hospital) oftended the decolive on	19 87	and that in (my) (our) opinion	deoth occurred on the do		
E	276. SIGNATURE	Plavery	N	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAF	FF 81:	E SIGNED
AND	30 HN P	LAVERY			Hospital		
	BURIAL, CREMATION, RE (SPECIFY)  Burial	Aug 28,84			23d LOCATION CITY OR TOWN  Catonsvil	lle Baltimor	e Md
83	24 FUNERAL DIRECTOR  Leonard J Ruc	k Inc. Baltimo	ore, Maryla	and 250 DA	F 2. 7 1984	Pelia Davidson	703 A

DHMH - 16 50M 4/83 (VRA 15, 4)

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			1981 application
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(a) 100 L			5-10-12
		1,6500	
and white the same of		117	

	Baltimore  YES   14. FATHER'S NAME ROBERT  ROBERT  COLEMAN  COLEMAN  COLEMAN  COLEMAN  ROBERT  COLEMAN  COLEMAN  First  ROBERT  COLEMAN  C	EALTH AND MENTAL HY	REG. N	2 1	67	1				
			A	AIDDLE	į.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
			rv L	ewis	0	wen	August	30	1984	6:28 %
	3. SE)				5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BE	(YAOHII	IF UNDER I YEAR	IF UNDER 24 HRS
		Male	Whi	te		00 7000	77	YRS.	MONINS DATS	HOURS MIN.
			76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
3	1		U.S.A				Baltimor	e Cit	c.y	MD
3			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	CI	124 USUAL OCCUPAT TYPE OF WORK FOR MOST OF TIPYARD WO	OF WORKING LI	FE) INDUSTRY	Beth.
5		STATE 13b C		13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 1506 Par	ZIP COD	enue	21217
	14 FA	THER'S NAME			wen	15. MOTHER'S MAIDEN NA Emma	AME MIDDLE		Mitc	hell
	()	VAS DECEASED EVER IN U.S	. ARMED FORCES?	166 SOCIAL SECU		Whitten Fu	neral Hom			1000
		PART I. DEATH WAS CA IMME! Conditions, if ony, which gove rise to immediate couse (o), storing the	DUE TO, OF	ntangetie	posii Na ovi	ble recent the severe has	myocardial eart failu	e	BETWEEN	onset and death
	NOI	PART 2 OTHER SIGNIFICA	NT CONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GI	VEN IN PART 1	0
	TIFICAT	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES X NO	IN CERTI	S, WERE FINDI FYING CAUSES ES	
7	EDICAL CER		F DEATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18	PARI I OR PARI 2)	
	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME STR	OF INJURY BET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CHYORIC	)WN	COUNTY	STATE
		22a.l certify that 医 (this h saw the deceased alive above, (I) (映) (did) (ch	e on Augus	t 30 19 8		that in (my) 1907 opinion	death occurred on the	/	ur and from the	that (1) (%) lost couses stated
		27h SIGNATURE	4.41	/		DEGREE ATTENDING	MEDICAL STA	FF.	22c. DATE	SIGNED

22e. ADDRESS

North Bedford Baptist

Maryland

C/O Mary

nd General Hospita
134 LOCATION
st Cem. -Bedford,

1984

Vais.

should be detached for use as with the State Dept. af Health

TO FUNERAL DIRECTOR:

MPORTANT: If them 21 is marked or them 18 sh

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Eric 23a. BURIAL, CREMATION, REMOVAL

REmoval

Fisher

M.D

9/2/84

3331 Brehms Lane Balto. Md. 21213

236. DATE

14 FUNERAL BRENCH munek Funeral Home Inc.

DHMH - 16 50M 4/83 (VRA 15, 4)

A Part A was to Be to be a second of the sec

· 7 Co: Of d. es. STATE THE OWN CASES OF STATE OF THE STATE OF man the state of t 

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injury, or other troumotic event,

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

DHMH - 16 50M 4/83

(VRA 15, 4)

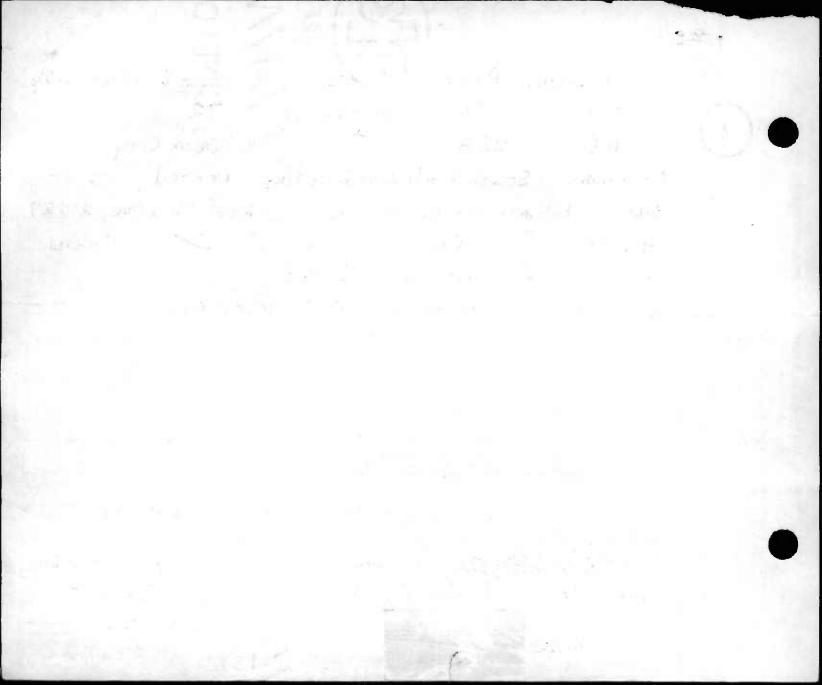
MAPORTANT, If Hem 21 is marked or Hem 18 shows any

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	FOR - STATE REGISTRAR	DEPAR				). D.	0.	
			0	wens	August	17	13-84	26. HOUR
3. SE	Male	White	Decer	DAY YEAR	72	YRS	MONTHS DAYS	HOURS MIN.
5	COUNTRY) MD	US, A  11. NAME OF HOSPITAL, NURS	MARRIE WIDOWE	DIVORCED	Battimor	e C	120 KIND C	
Usu	Be Himore JAL RESIDENCE (IF NURSUNG HOME OR	South Sa	ORE ADMISSION	re Greneral Hoy	Self Emp	D. C.	Serv.	
	MD Batt	more Balto.H		YES NO X	2802 0	hio	Aue, ?	21227
	HONCICE WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOCIAL SE		Dora 17 INFORMANT	ADDRE	SS	Où	rens
	Yes W.V	W. II 213-03	-8675	Edith N. Owe	ns (Wife) Sa	ame a	_	XIMATE INTERVAL
	PART I. DEATH WAS CAUSED	E CAUSE 10) // Wa	stall	tumor y	bluer	_		
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSECUTION (c)	QUENCE OF	NOT RELATED TO THE TERM	IINAL DISEASE OR CON	DITION G	IVEN IN PART I	10
CERTIFICATION	190 DATE OF OPERATION				200 AUTOPSY? YES NO	20b. IF Y	ES, WERE FINDI	INGS USED
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	SY IN ITEM 18	B PART ( OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC }	211 LOCATION STREET	CITY OR TO		COUNTY	STATE
	saw the decemed allow on, above, of (condid) and an	1 /8-13/	54.0	nd that in (my) (our) opinion	, to death occurred on the do	-	our and from the	
-	MANAS	mpny	2_/	ATTENDING PHYSICIAN [			8-1	13-84,
73a	CERTIFICATE OF DEATH  REG NO  REGERNAME  FRANCE  FRANC	st_						
L	Burial			ven Mem Park	Glen Burn			
1	ingleton Funeral	Home, Glen Bu	rnie, l	Maryland All		0 .	Davidson-V	Pandalle.



requires that the death certificate be executed within 24 hours after

OR ATTENDING PHYSICIAN The low

TO HOSPITAL

retained by the haspital or attending physician.

and completely filled in by the funeral director, page 'ages I and 2 should be filed within 72 hours after dec

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exact

TO FUNERAL DIRECTOR: After this certificate has been signed by the pittending physicion and cor should be detached for use as the burial-transit permit. Then please rembye earboingbers. Pages 1 with the State Dept of Mealth and Mental Hygiene prior to busial, cremation, or removal.

### STATE OF MARYLAND

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Ī	MENT	OF	HEA	LTH	AND	MENTAL	HYGUNE
	CE	RTI	FIC	ATE	OF	DEATH	

1 - STA				DEPART		EALTH AND MENTAL HYO		100 H			
	SED NAME	FIRST	A	AIDDLE	L	AST	REG.		DAY YEAR	26 HOUR	
(TYPE OR PE		To mb a	-		^-		3		.04	00.000	
3+SEX		lerbe	4 RACE		5. DATE C	Yens DERIRTH	August		IF UNDER I YEAR	08:20A	
1 2h	11.		4/1/-	71-	MONTH	DAY YEAR	55		MONTHS DATS	HOURS MIN.	
	ALE ISTATEO	R FOREIGN	7h CITIZEN OF	WHAT COUNTRY	DEC		9 BALTIMORE CITY	OR COUNTY	Y OF DEATH		
COUNT			11 <	43	MARRIE	D NEVER MARRIED DIVORCED		_	ITT		
	R TOWN OF DI	EATH	11. NAME OF H	IOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	Baltimo	11.6		OF BUSINESS OR	
Pal	timore		, , , , , , , , , , , , , , , , , , , ,	H FACILITY, GIVE STREE		. Washital	DESAW	T OF WORKING LI	FE) INDUSTRY		
USUAL RE			The JO	GIVE RESIDENCE BEFO	RE ADMISSION)	Hospital	1 00/4/2	212	2.1	205	
130. STATI	50-	136 COUN	ITY	BALTO	WN	YES NO .	13. STREET ADDRES		E	7	
IN FATHE	R'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA			LA	ST	
14- 14/45	DECEASED EVE	D MILLS AD	MED CODCEES	16b SOCIAL SEC	LIDITY NIO	17 INFORMANT		RESS			
	O OR UNKNOWN)		E WAR OR DATES)	UNI					F6- 70	-11115	
/	00			4101		CHRISTOPHER	FLANINS	EK 180		IMATE INTERVAL	
18.0	PART I. DE ATH	WAS CAUSE	ly one couse per D BY:	line for (0), (b), 0	0	- NA	4.1		BETWEEN	ONSET AND DEATH	
		IMMEDIAT	E CAUSE (o)	(adr	ofun	aray a	14-			1000	
			DUE TO, OI	R AS A CONSEQU	JENCE OF	1				41.	
	Conditions, if any, which gave rise to immediate					eral tarr	ve			( sect)	
	couse (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF Liver Organize from + +OH-chapter							~10	3 monte		
	RT 2 OTHER SIC	GNIFICANT	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CO	ONDITION GIV	VEN IN PART 1	0	
3 Septis											
CERTIFICATION 150 150 150 150 150 150 150 150 150 150	DATE OF OPER	ATION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDS	S OF DEATH?	
E	ACCIDENT WAS U	NIDERIVING F	21b TIME O	E INTITION		121c HOW INJURY OCCUP	YES NO		PARI I OR PARI 21	NO 🗌	
0.0	CONTRIBUTING	_	110110 1	M. MONTH	DAY YEAR	TIETIOW INJOKT OCCUP	(ENTER NATURE OF	WINN IN HEM IB	PART OF PART 27		
	FEITHER NOTIFY ME	_			19	IZII LOCATION					
	INJURY OCCU	WHILE [	21e, PLACE (	DE INJURY BET, FACTORY, OFFICE	FARM ETC )	STREET	CITY OF	TOWN	COUNTY	STATE	
			tal) attended th	e deceased from	8	19 5	1.10 813	1	19	that (I) (we) last	
	sow the deced	osed alive on	t) view the body	19_	84.0	nd that in (my) (aur) opinian	death accurred on the	date and ho	ur and from the	causes stated	
22b.	SIGNADERE	I dia Maia no	New the body	offer deoff	-	DEGREE			224 DAJE	SIGNED	
1	()	1	n	mel	-	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN []	1 81	21/84	
27d	PHYSICIAN'S	NAME (TYPE C	R PRINT)			22e ADDRESS	_ DIRECTOR _ THE				
	An	n C.	nan	M		601	wolfe 5	t. B.	MM	05150	
230 BURIA	AL, CREMATION	N, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	
CR	EMATA	En	AUGUST	27,984 9	ECUE	FRY PROCESS	CATONS	VELLE	BALD	mis	
24 FUNE	RAL DIRECTOR					250 DA	TE REC'D. BY REGISTR		TRAR'S SIGNA	TURE	

DHMH - 16 50M 4/83 (VRA 15, 4)

HOME ZOUMACE

Julia Davidson-Randell

Matrial I., it has a second I to lead the legach multipol multipol make or order ask Colored to the second colored Confidence of the second colored to TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coshold be detached for use as the burial-transit permit. Then please remove carban poppers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or remayal.

campletely filled in by 11

FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH
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2 1 6 7

1 - STATE REGISTRAR								
I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	PARK	2a D	ATE OF DEATH	3 29	84 2	1222	
3. SEX MACE	ORIENTALO	5 DATE OF BIRTH	YEAR 12	GE (IN YEARS LAST BIRTHE	YRS	S DAYS P	FUNDER 24 HRS HOURS MIN.	
70. BIRTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED   NEVER M	9 BA	BALTIA	COUNTY OF E		7 "	
BACTIMORE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE SOUTH SACTIMO)	T ADDRESS)_	(TYPE	USUAL OCCUPATION OF WORK FOR MOST OF W Retired	ORKING LIFET IN	IDUSTRY,	ort Bu	
MD. BAC	TIMERE PERRY P	Hall YES		TREET ADDRESS / Z	OURT	212:	36	
14. FATHER'S NAME	Kab Pari		Ae	Mae		Kir	n	
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR U.S. OWN) (IF YES, GN	MED FORCES? 166. SOCIAL SEC VE WAR OR DATES! 214 - 98		loupe (1	AUGHTER)		as #1:	20 000000000000000000000000000000000000	
PART I, DE ATH WAS CAUSE	nly one couse per lightor (a), (b), o ED BY: TE CAUSE (a)	- PUMONAR	ARRES	7		8/29	SET AND DEATH	
	DUE TO, OR AS A CONSEQUENCE (c)			DISEASE OR CONDI	TION GIVEN IN	N PART 110	<del>/                                    </del>	
NONE 190. DATE OF OPERATION 8/14/84 210. A CIDEM WAS UNDERLYING	Adevocarcinos	na of Stoma			Ob. IF YES, WE IN CERTIFYING YES [	CAUSES O		
216. A CIDEM WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CAUSE OF DE.  (IF ETHER, NOTHEY MEDICAL EXAMINET  WASHINGTON OF COURRED				ENTER NATURE OF INJURY I	NITEM 18 PART 1	OR PART 2)		
WHILE NOT WHITE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		0.4	9/78	(	OUNTY	STATE	
sov the deceased alive or obt e, (I) (we) (did) (did a	ital) analysis the deceased from 19_ 11) view the body after death.		(our) opinion death	occurred on the date	ond hour and	from the co		
Ann a	chon on	Р	HYSICIAN DIR	DICAL STAFF ECTOR PHYSICIA	N	8 29	184	
ACIEN C. J	ACKSON, M.D		3. Hours	VER ST	, BACT	r, M	D.	
230 BURIAL, CREMATION, REMOVAL (SP.CIFY) Burial		NAME OF CEMETERY OR C	NET TORT	LOCATION CITY OF TOWN CITY OF TOWN		ore, M	arylar	
24 FUNERAL DIRECTOR NAME Ruck Towson Fune	ADDRESS	1050 York Rd.	250 DATE REC	D. BY REGISTRAR 25	b. REGISTRAR'		RE	

DHMH - 16 50M 4/83 (VRA 15, 4)

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within 24 hours ofter

requires that the death certificate be executed

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked or Hem-18 shows any injury, ar other traumatic event, the medica

### STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

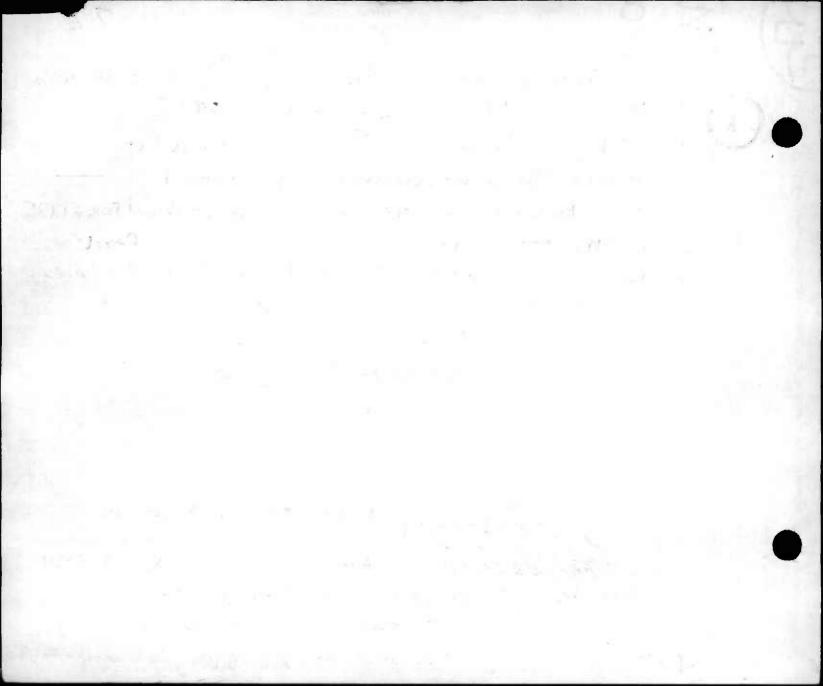
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		REGISTRAR		CERTII	ICAIL OI DEATI	•	REG. NO	).			
		CEASED NAME FIRST	WIDDLE		AST	2 a D	ATE OF DEATH	MONTH DAY	YEAR	26 HOUR	_
	,	Gassa	way C	Pan	Ker			8-3.	- 84	5:15am	1
	3. SE)		1. RACE	5 DATE (			GE (IN YEARS LAST BIRT	HDAY) IF U	NDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	_
1		Male	Negro	2		Ÿ	4	25 YRS		NOONS MILE	
36		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	Y? 8	DENEVER MARRIE	9 BA	ALTIMORE CITY OF	COUNTY OF	DEATH		_
1	L.	MD,	U.S.A.	WIDOWE			sattimor	e Cit	Y	MC	).
19	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTIO		USUAL OCCUPATION		126 KIND O	F BUSINESS OR	
0	16	altimore			reneval to	350.	Retire	d			
1	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BE	ORE ADMISSION)	13d. INSIDE CITY LIM	UTS? 130 S	TREET ADDRESS /	ZIP CODE A			-
1	1	MD	. 1 12. 11.	more	YES NO [	_   0.4	724 Sout	Hland	Aue	21225	
m f	14 FA	THER'S NAME	MIDDLE LAST .		15 MOTHER'S MAID	ENNAME	WIDDLE		145		_
	G	YOUNGEOF	Pan	cer	Pear	-1	711001		Par	Ker	
1	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	11	ADDRE:	SS / II	1 1	-A	_
/		Yes	213-18	1-4537	Ellen	1 home	250n 242	450uth	Land	Ave	
		18 CAUSE OF DEATH (Enter or	ly one couse perfine for (a) (b),	and IC			_1		BETWEEN	MATE INTERVAL ONSET AND DEATH	_
		PART I. DEATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (a)	spewn	somoly o	voron					
			DUE TO, OR MS A CONSE	DENCE OF		20	1				
		Conditions, if any, which		Cers10	- and	Del	ding				_
		gave rise to immediate cause (a), stating the	DUE TO, OR AS ALCONSES	QUENCE OF .	1.	12.	1-1		1	4	1
		underlying cause last.	10 Uppe	1 Ken	matoryou	- Ola	( Sour	e-W	rcel	erren	0
	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BY	NOT RELATED TO TH	E TERMINAL	DISEASE OR COND	ITION GIVEN	IN PART 110	0	
1	CERTIFICATION										
	Q.	198. DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATIO	N WAS PERFORMED	20	a AUTOPSY?	20b. IF YES, W			
1	T.						ES NO	YES [		NO []	_
3		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	LIGHT A LA MONITUE	DAY YEAR	21c HOW INJURY (	OCCURRED (	ENTER NATURE OF INJUR	Y IN ITEM TE PART	OR PART 2)		
7	SAI	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19							_
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC )	211 LOCATION STREET		CITY OF TOV	VN	COUNTY	STATE	
	1	AT WORK NOT WHILE AT WORK				100					_
		22a.1 certify that (1) (this hospi		211	8-3- 19	84	lo	3 19.		that (I) (we) last	
		sow the deceased alive abave, (I) (we) and (during	view the body after death		nd that in (my) (our) o	opinion death	occurred an the da	te and have ar			
		27b. SIGNATURA			DEGREE ATTEND	DING AAS	EDICAL STAF	E	22c. DATE	SIGNED	
9		MMAL	mulmily.		MID, PHYSIC	IAN DIR	ECTOR PHYSIC		8-	3-84,	
		22d. PHYSICIAN'S NAME (TYES		1	27e ADDRESS			٠.			
		Hlexander	Dogdaschews	skyr.	3001	S. Ho	mover:	5+			_
		BURIAL, CREMATION, REMOVAL	23b. DATE 2		EMETERY OR CREMA	TORY 2	d. LOCATION	c	OUNTY	STATE	
	Вι	rial	8/7/84M	a Vete	eran Cem		Crownsv			Md	_
		JNERAL DIRECTOR	ADDRES	5		250 DATE REC	D. BY REGISTRAR				
٠.	Wi.	lliam C. Marc	ch F/H 1101 F	. Nor	th Ave	AUG	6 1984	Julia Daw	(dian-1	ladon	0

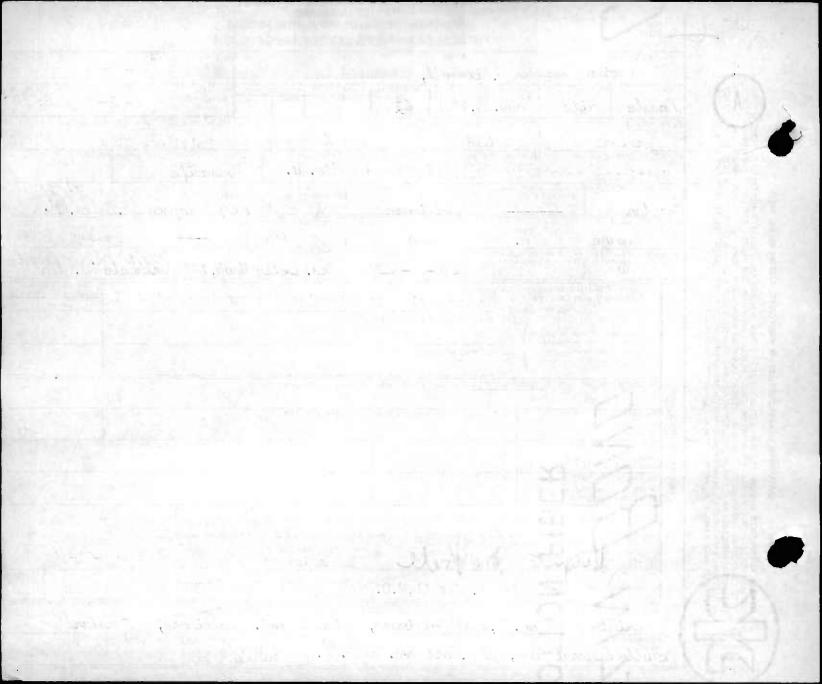
DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or ottending physician.



10-6	11-	#1,FilmG59		kam STATE C DEPARTMENT OF HEA DICAL EXAMINER	OF MARYLAND LITH AND MENTAL H	EDEATH	6 / 6
No. of Contract of			C A4:	tchell. PARR	LAST	20 DATE KNOWN X OF ESTI- DEATH MATED	
	1000	male White	Nov. 25,	, 1921 (ASTAIRTHDAY) YRS.	FUNDER 1 YR. IF UNDER	MIN PRONOUNCED DEAD	8-22-84 19 6:25P
AND STORY OF THE S	10	RTHPLACE (STATE OF BEACH COUNTY)  Many Land  TY OR FOWN OF DEATH	76. CITIZEN OF W	M	ARRIED NEVER MARRI	Baltimor	OR COUNTY OF DEATH  PE CITY ME  PE OF WORK 12b KIND OF BUSINESS
DELAY IS TO THE N PAGE DS, 201	В	altimore	1009 Pa	atapsco Street	Balto.Md.	FOR MOST OF WORKING LIFE) Housewife	OR INDUSTRY
D. 21201 2, AND 3 TO THE FIGURATION OF STREAM PAGE 2 SHOULD BE FILED AL RECORDS. 201	130 S			131. CITY OR TOWN Baltimone	13d. INSIDE CITY LIMITS? YES X NO   15. MOTHER'S MAIDE	130. STREET ADDRESS	St. Balto Md.
DEATH DEATH AND PM		FIRST George VAS DECEASED EVER IN U.S. AR	MIDDLE .	Lane 166. SOCIAL SECURITY NO	Edith	ALIDDI F	Crosby
BALTIMORI JES AFTER DE 3. GIVE PAGE 3. HAGES I AI DIVISION OF	(Y		WAR OR DATES)	216-74-0229			161 Md. Burri
RECORDS, 201 W. PRESTON ST.,  1D BE EXECUTED WITHIN 24 HOUR PENDING" IN PENCIL IN ITEM 18.  AKBUICAL EXAMINER ALONG W  AKBUICAL EXAMINER PERMIT.  AS BURIAL - TRANSIT PERMIT.  CREMATION, OR REMOVAL.	NO	PART I DEATH WAS CAUSE IMMEDIA  Canditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS	(b)	R AS A CONSEQUENCE OF			ar dispersion of the property
OULD "PI	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED?	1	20 AUTOPSY?  YES NOX X
DIVISION O S CERTIFICA RITING THE GE 3 SHOULE TE DEPARTM TO PRIOR TO	MEDICAL CER	ZIG EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF ZIG INJURY OCCURRED WHILE AT WORK AT WORK	DEATH P.A	M. MONTH DAY YEAR M. 19	It. HOW INJURY OCCURRE I. LOCATION STREET	D LENTER NATURE OF INJURY IN ITEM TO	BPART I OR PART 2)  COUNTY STATE
CAL EXAMINER: THE CERTIFICATE, SHOULD BE FORW IRAL UNBECTOR: PARATH, WITH THE STYRE, MARYLAND, 2"		22a I certify that I took charg	ge of the remains de ral causes X.	Accident , Suicide	M.D. Assistan	Undetermined monner	DATE 8-23-84 SIGNED
The second second	23a.B	URIAL, CREMATION, REMOVAL	23b DATE	Korell, M.D.  1236. NAME OF CEMETE  1884 Baltimore, 1	RY OR CREMATORY	Penn Street  1331 LOCATION CITY OF TOWN  Baltimore,	Maruland STATE
DHMH - 17	24 F	Burial UNERAL DIRECTOR HAME UNERAL DIRECTOR	Hug. 27, 19		21230 250. DATE	REC'D. BY REGISTRAR 256 REG	A .



filled in by the funeral director, pauld be filed within 72 hours after

and 2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

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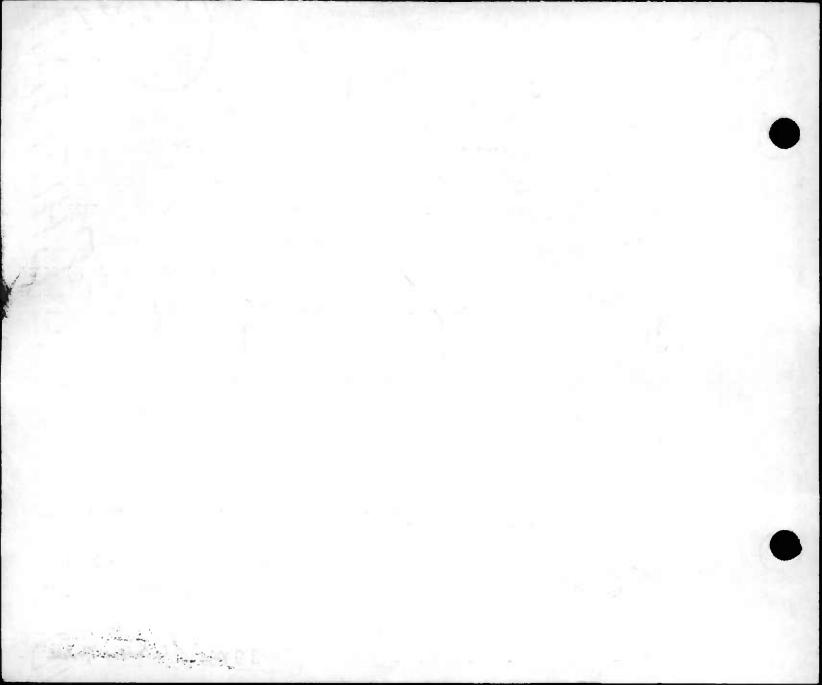
DHMH - 16 50M 4/83

(VRA 15, 4)

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYDRENE

,	STATE REGISTRAR		DEFARIM		EALTH AND MENTAL HY® CATE OF DEATH	REG. N	0.	P	
I. DEC	CEASED NAMEFIRST &	. ,	MIDDLE	_ LA	.ST		MONTH	DAY YEAR	2b. HOUR
	ORPRINT) EMI	U-		Par	ry	Augus	t 27,	1984	
3. SE)	X	RACE		5. DATE O	FBIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HI
	emale	14	hite	Marc.	h 13, 1898	86	YRS	MONTHS DAYS	HOURS MI
	RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	1		9. BALTIMORE CITY C		Y OF DEATH	
	England	U.S		WIDOWE	NEVER MARRIED DIVORCED	Baltimon	e Cit	-77	
-	ITY OR TOWN OF DEATH				R OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS (
	Baltimore /		ch facility, give street a amaritan		+ - 7	Home Makes		FE) INDUSTRY	
TISU	AL RESIDENCE (IF NURSING HOME OR				Lai	nome maker			
13a S	ryland Balti	VTY	Parkvill	V 1	13d. INSIDE CITY LIMITS? YES NO Z	13e STREET ADDRESS			1234
14. FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		IAS	
1	Fred	MIODIE	Ellis		Elizabeth	MIDDLE		Astin	
	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDR	55		
1 ('	YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)	109-05-2	610	Mr Sidney E	Parry Sr 7	914 H	Bon Air	Rd 212
	18. CAUSE OF DEATH (Enter or						-	APPROX	MATE INTERVAL
	gave rise to immediate cause (a), staling the underlying cause last	(c)	r as a conseque						
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GI	VEN IN PART I	a
1	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	20e AUTOPSY?		S, WERE FINDIN	NGS USED
Ü	198 DATE OF OPERATION								OF DEATH?
TIFICA	198 DATE OF OPERATION					YES NO		ES 🗌	NO [
AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR		Y	ES 🗌	
	210. ACCIDENT WAS UNDERLYING	HOUR A.  R) P.  21e PLACE	M. MONTH DA M. OF INJURY	19	211 LOCATION	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART ?)	NO [
MEDICAL CERTIFICA	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.  R) P.  21e PLACE	M. MONTH DA	19			RY IN ITEM 18	ES 🗌	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (1) EITHER, NOTIFY MEDICAL EXAMINE! 21d. IN JURY OCCURRED WHILE NOT WHILE	HOUR A. P. 21e PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REET FACTORY, OFFICE FA	19	211 LOCATION STREET	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 7)  COUNTY	NO _
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AIWORK 220.1 certify that (1) (this hospital) saw the deceased alive an	HOUR A. P. 21e PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE FA te deceased from 19	19 ARM ETC )	211 LOCATION STREET	RED (ENTER NATURE OF INJUNCTION OF TO 8/27	Y IRY IN ITEM 18	PART I OR PART ?)  COUNTY	NO
	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER. NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED AT WORL NOT WHILE AT WORL 220.1 certify that (1) (14is hosp	HOUR A. P. 21e PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE FA te deceased from 19	19 ARM ETC ) 4//2 4//2, and	211 LOCATION STREET	RED (ENTER NATURE OF INJUNCTION OF TO 8/27	Y IRY IN ITEM 18	PART I OR PART ?)  COUNTY	STATE that (I) (we) I causes stated
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINET 21d. IN JURY OCCURRED  WHITE NOT WHITE AT WORK 22c. I certify that (1) (this hosp sow the deceased alive an above. (1) (twe) (end) (did no 22b. SIGNATURE	ATH HOUR A. P. 21e PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE FA te deceased from 19	19 ARM ETC ) 4//2 4//2, and	211 LOCATION STREET  , 19 d that in (my) (cor) opinion DEGREE  ATTENDING PHYSICIAN [	RED (ENTER NATURE OF INJUNCTION OF TO 8/27	Y IN ITEM 18	PART I OR PART ?)  COUNTY  19 2 7 7,  ur and fram the	STATE that (I) (we) I causes stated
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL (IF EITHER NOTIFY MEDICAL EXAMINET 21d. IN JURY OCCURRED  WHITE NOT WHITE AT WORK 27c. I certify that (1) (this hosp sow the deceased alive an above, (1) (we) (did) (did no 27b. SIGNATURE	ATH HOUR A. P. 21e PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE FA te deceased from 19	19 ARM ETC ) 4//2 4//2, and	211 LOCATION STREET  19 d that in (my) (cor) opinion DEGREE  ATTENDING PHYSICIAN [	city OR TO  to 8/27  death occurred on the death occurred DIRECTOR PHYSIC	Y IRY IN ITEM IS	COUNTY  19 23 5, our ond from the	state that (I) (me) causes stated SIGNED
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINET 21d. IN JURY OCCURRED  WHITE NOT WHITE AT WORK 22c. I certify that (1) (this hosp sow the deceased alive an above. (1) (twe) (end) (did no 22b. SIGNATURE	ATH HOUR A. P. 21e PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE FA te deceased from 19	19 ARM ETC ) 4//2 4//2, and	211 LOCATION STREET  19 d that in (my) (cor) opinion DEGREE  ATTENDING PHYSICIAN [	city OR IC  to 9/27 death occurred on the d	Y IRY IN ITEM IS	COUNTY  19 23 5, our ond from the	state that (I) (me) I causes stated SIGNED
WEDICAL WEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED  WHIE NOT WHIE AT WORK 220. I certify that (I) (this hosp above, (I) (the) (did no 22b. SIGNATURE  Dr. Joseph [ BURIAL, CREMATION, REMOVAL	HOUR A. P. 21e PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE FA The deceased from 19	19 ARM ETC) 4//2 7 , on	211 LOCATION STREET  19 d that in (my) (cor) opinion DEGREE  ATTENDING PHYSICIAN [	to \$27 death occurred on the domination of the d	Y IRY IN ITEM IS	COUNTY  19 2 2 5, or and fram the 22c DATE 8/2	state that (I) (me) I causes stated SIGNED Md. 212
WEDICAL WEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DER (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  270. I certify that (I) (this hospessor of the deceased alive an above, (I) (we) (edid) (did not 22b. SIGNATURE  Dr. JOSEPH [	HOUR A. P. 21e PLACE (AT HOME, STI  DI) View the body  DR PRINT)  Davids  23b. DATE	M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE FA ne deceased from 19 ofter death.	19 ARM ETC)  4//2 , and	211 LOCATION STREET  19 4 d that in (my) (cor) opinion DEGREE ATTENDING PHYSICIAN [ 22e ADDRESS 5601 Loch   EMETERY OR CREMATORY	city or to  to \$27  death occurred on the d  MEDICAL STA DIRECTOR PHYSIC  Raven Blvd.  73d. LOCATION CITY OR TOWN	PRY IN ITEM IS	COUNTY  COUNTY  COUNTY  19  22c. DATE  \$\frac{1}{2}\$  imore,	state that (I) (me) I causes stated SIGNED
WEDICAL WEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL (IF EITHER NOTHY MEDICAL EXAMINE) 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hosp sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE  270. PHYSICIAN'S NAME TYPE C  Dr. JOSEPH  BURIAL, CREMATION, REMOVAL (SPECER)	HOUR A. P. 21e PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE FA ne deceased from 19 ofter death.	19 ARM ETC)  4//2 , and	211 LOCATION STREET  211 LOCATION STREET  19 64  d that in (my) (cor) opinion  DEGREE  ATTENDING PHYSICIAN [  22e ADDRESS  5601 Loch    EMETERY OR CREMATORY  and Mem Park	TE REC'D. BY REGISTRAR	PRY IN ITEM IS	COUNTY  19 2 2 5, or and fram the 22c DATE 8/2	state that (I) (me) I causes stated SIGNED Md. 212



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

4 2 1 6 7

1-	STATE REGISTRAR			DLI AKI	CERTIF	CATE OF D	EATH	LIVE	REG. N	10.			
	CE ASED NAME	FIRST	MIE	DDLE	LA	LST .		2a DATE OF		MONTH	DAY	YEAR	2h HOUR
(TYPE	E OR PRINT)	Lelia	1	n	Pa	rul				8	31	84	3:550M
3. SE			RACE		5. DATE O	F BIRTH	27	6. AGE INY	EARS LAST BE	RTHDAY)	MONTHS	ER I YEAR	IF UNDER 24 FRS.
	Female		Bla	ck	MONTH	1/2	OO		83	YRS		DAYS	HOURS MIN,
	IRTHPLACE (STATE OR F	OREIGN 7b.		HAT COUNTRY	? 8.	NEVER A	ADDIED	9 BALTIMO	RE CITY	OR COUN	TY OF D	EATH	
	Vitani	2	u.	s. A.	WIDOWE		ORCED	1 8	Salti	more	C	ita	MD.
10 C	ITY OR TOWN OF DEA	TH 11.		SPITAL, NURSI		R OTHER INST	ITUTION	12a USUAL				KINU O DUSTRY	F BUSINESS OR
	Baltimore (	City	Univ	of m	arulan	d Hos	sital	(TIPE OF WOR	K FOR MOST	DI WORKIIWO	the Ho	JOSIKI	
USU 13a	AL RESIDENCE (IF NURSI	ING HOME OF OTH	ER INSTITUTION, G	THE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CI		13e STREET	ADDRESS	/ ZIP CO	DE	21:	223
	MD	Sec. 1		Baltin	Love	YES	NO 🗌	200	0 4	1. Fa	48.77	e S	treet
14 F/	ATHER'S NAME	MID	DIE	LAST			MAIDEN NA	ME,	MIDDLE		J	LAS	.1
	Unk	nown	(Airo	n Copel	and)		un	cour			Unkr	wn0	
	WAS DECEASED EVER	IN U.S. ARME		66 SOCIAL SEC	URITY NO.	17 INFORMA	NT (C	auchter	ADDR	ESS			
	UnGravn		AN ON DATES!	UNKI	rown	Evelo	In Owe	ens a	1507	Slyr	ey A	ve	Balto, mo
	18 CAUSE OF DEAT	H (Enter only o	one couse per li	ne for (a), (b), a	nd (c).		9	4 .				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DE ATH W	AS CAUSED B	/	Cardio	melmou	nary	Ame	ST		1000			
	300		DUE TO, OR	AS_A CONSEQU	JENCE OF	0			0.				
	Conditions, if ony,	which {	(h)	Persist	ent 1	Sastro	intesti	nol B	leedi	ha		10	Days
	gove rise to imn		DUE TO OR	AC A CONICEOU	IENICE OF					0		100	0
	underlying couse		DUE TO, OR.	AS A CONSEQU	DENCE OF	cen 1	Linear	20					
	PART 2 OTHER SIGN	NIFICANT COM	NDITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	E OR CON	DITION (	SIVEN IN	PART 1	0
Z			DOLD.		S								
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDIT	ION FOR WHIC	H OPERATIO	WAS PERFO	RMED	20a AUTO	OPSY?				NGS USED
E	8/29/80	1	Gan	rointest	hal R	Colina		YES	NOT	IN CER	YES	CAUSES	OF DEATH?
1 8	21a. ACCIDENT WAS UND		21b. TIME OF	INJURY	The D	21c HOW IN	URY OCCUR	RED (ENTER NA	ATURE OF THE	URY IN ITEM I	8 PART I O	RPART 2)	
	OR CONTRIBUTING		HOUR A.M	. MONTH	DAY YEAR								
MEDICAL	114 INJURY OCCURE		21e PLACE O		19	211 LOCATIO	N		-				
A.	WHILE NOT WH	IILE	(AT HOME STREET	T, FACTORY, OFFICE	FARM, ETC )	STREET			CITY OR I	OWN	C	AINDC	STATE
	22a. I certify that (I)		ottended the	deceased from	9	29/84	10 80	to	813	1	108	9	that (I) (we) lost
	sow the decease	ed olive on	8/31	19_	224 1	id that in (my)	(our) opinion	deoth occurre	ed on the d	date and h	our ond		, , ,
	obove, (1) (we) (a	did) (did not) v	iew the body o	fter death.		DEGREE					2	2c DATE	SIGNED
	800	0 6	4.4.0	MA			TTENDING	MEDICAL	STA			01	31/04
1	22d. PHYSICIAN'S NA	AME (TYPE OR PE	UNE.	1000		22e ADDRES	PHYSICIAN [	DIRECTOR	[] PHTS	CIANLA		16	21101
	0 1 1	1		m. D.		LA IN IN	0,- 7.	M Za	A 110	> A	22	5,6	-001.051
22-	Drad 1		ner		NIAME OF C	EMETERY OR O	95179	23d LOC/	ATION	70	000	21 6	reches
	BURIAL, CREMATION,	KEMOVAL	23b. DATE					CITY	ORTOWN	18621164	cou	NIA	STATE
24.5	Bur ial		9/5/	84	Arbutu	s Mem			imor	Md.	Desti	Aug Serie	Pardalle
1X	NAME		(11 D	AODRESS			250. SE	P 6	1984	Toma	Married ()		
Law	7 Funeral H	ome 4	bil Par	K Hlegh	ts Ave			01		-			

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNETAL DIRECTOR. After this certificate has been signed by the ottending physician and completely failed in by the funetal shaddle of some source of the other please remove continuous mental and a filed with a with the control of Health and Mental Hygiene prior to buriol, cremation, or remove.

[MICH AND IN IN HERM 2] is marked or Item 18 shows only injury, or other troumatic even the medical control of matrices of the control of matrices.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be retained by the haspital or attending physician.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE O

OF DEATH	REG. NO.			
RY	20. DATE OF DEATH M	8 25	8×	26. HOUR /
/	& AGE (IN YEARS LAST BIRTH	DAYS IF UNE	DER I YEAR	IF UNDER #4 HRS

	1 -	STATE REGISTRAR		DEPART		ICATE OF DEATH		G. NO.		
	(TYPE	CEASED NAME FIRST WILLIAM	ч -	DDIE	PRE	s Bury	20. DATE OF DEAT	68:	DAY YEAR 25 8 4	2b. HOUR / S  12 P M  IF UNDER SA HRS
	3. SEX	MALE	1. RACE BLAC	ck	S. DATE O		6. AGE (IN YEARS LA	YRS.	MONTHS DAYS	HOURS MIN.
5	M	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF W	A.	WIDOWE		BALTIM	ORE C	TY.	MD
6	В	TY OR TOWN OF DEATH  BALTIMORE	Lethere	CAN STREET	ADDRESS)	of MARYLAND	TYPE OF WORK FORM	OST OF WORKING L		OF BUSINESS OR
3	13a. S Ma	AL RESIDENCE (IF NURSING HOME OF ITATE 136 COULD THE TOTAL THER'S NAME		Balti	N	134. INSIDE CITY LIMITS?  YES NO 1			Avenue	21217
0	13. FA	FIRST	MIDDLE	LAST		Deborah	MIDD		Presi	
		VAS DECEASED EVER IN U.S. AR (15, NO OR UNKNOWN) (15 YES, GI	MED FORCES?	66. SOCIAL SECU 217-26		17. INFORMANT  Marie Lew	III Check	McKear		
		18. CAUSE OF DEATH (Enter o. PART I. DEATH WAS CAUSE IMMEDIA	ED BY: TE CAUSE (0)	AS A CONSEQUE	DIAC	ARRES		1	BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR (c)	AS A CONSEQUI	ENCE OF	y gand	<u>uo</u>			
	TION	PART 2. OTHER SIGNIFICANT					10000		5.00	
2	CERTIFICATION	5-25-84	mult	iple of	PI'S TU	N WAS PERFORMED	YES NO	IN CERTI	S, WERE FIND IT FYING CAUSES ES O	
1		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	ATH HOUR A.M	. MONTH D	AY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF	F INJURY T. FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
		220.1 certify that (1) this hosp sow the deceased alive or above (1) (we) (did / did no	8-2	5- 19 6	15 4. on	id that in (my) bur) opinion	deoth occurred on t	ne date and ha	ur and from the	
		22b. SIGNATURE		110		DEGREE			22c. DATE	SIGNED

ATTENDING PHYSICIAN MEDICAL STAFF 730

PHYSICIAN'S NAME (THE OF PRINT) 23a. BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
Owings Garrison Forest VA

COUNTY Md.

24 FUNERAL DIRECTOR

Wm C March F/H Inc. 1101 E North Avenue AUG 27 1984

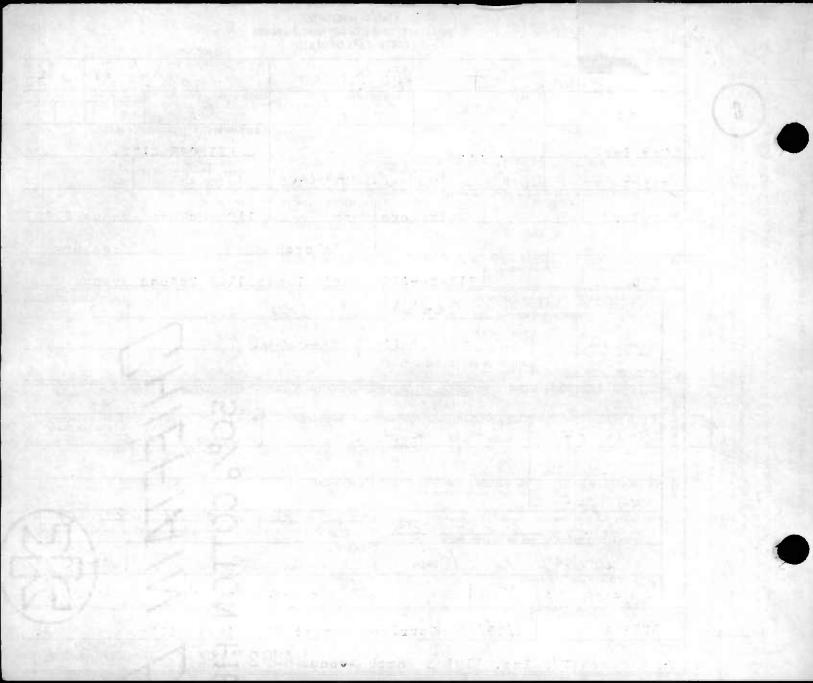
8/29/84

Mills

DHMH - 16 50M 4/82 (VRA 15, 4)

should be detached for use as the bu with the State Dept. of Health and M TO FUNERAL DIRECTOR: After

MPORTANT: If Hem 21 is



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other troumatic event, th

IMPORTANT: If them 21 is marked or them 18 shows any

may be

### STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N	O		
	1. DECEASED NAME FIRST (TYPE OR PRINT) Stavious		Paza	ezis	20. DATE OF DEATH	MONTH DAY	84	26. HOUR 71.31 PM
	3. SEX Femule	1. RACE Wh, 2e	S. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIEI WIDOWE	DE NEVER MARRIED D	9. BALTIMORE CITY O	OR COUNTY OF	UZ.	MD
	Baltimore	11. NAME OF HOSPITAL, NUI LIF NOT IN SUCH FACILITY, GIVE ST Key Medical	Center	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIFE		12b. KIND OI INDUSTRY	F BUSINESS OR
1	USUAL RESIDENCE (IF NURSING TOME COLUMN STATE MARY Land	or other institution give residence by	EFORE ADMISSION) TOWN MOTE	13d. INSIDE CITY LIMITS? YES NO	13. STREEL ADDRESS 2815 Cres	ton Roa	ıd 21	222
1	Minas	MIDDLE KOSM	as	15. MOTHER'S MAIDEN NAM Fotini	WE		LAST	ı
-	160 WAS DECEASED EVER IN U.S. A		=2246-B	Emmanuel Paza	arzis, 2815 Balt	Cresto	n Road Md.	d
		DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  T CONDITIONS CONTRIBUTING	MYDCO EQUENCE OF 95 CLAST	te Heart	DISCUSE  INAL DISEASE OR CON	DITION GIVEN	IN PART 1(c	3'
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	TICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES [	NG CAUSES	
10	OR CONTRIBUTING CAUSE OF D  OF STHER, NOTIFY MEDICAL EXAMIN  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this has	EATH HOUR A.M. MONTH	19 FICE, FARM, ETC.)  om 3/6 19 5 4, or	211. LOCATION STREE  19 d that in (my) (our) apinion of DEGREE  ATTENDING	to 79 death occurred on the d	ote and hour or	COUNTY	
	22d. PHYSICIAN'S NAME (TYPE MICHAEL	ORPRINTO Whitow M	D. Phil	PHYSICIAN [ 1220. ADDRESS	cott Key	Medi	1/1/ 21 C-	enter.
	230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	0 00 01		emetery or crematory  Cemetery	23d LOCATION CITY OR TOWN Baltimor		imore	Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

retained by the hospital or attending physician.

24 FUNERAL DIRECTOR Nicholas T. Matthews, 3021 Eastern Avenue Baltimore, Md. 250. DATE REC'D. BY REGISTRAR TO REGISTRARY SIGNATURE

AUG 1 4 1984

Send Advisor Land Land Land Land Land Send Send Send Land

# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and campletely filled in by the finshauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	STATE REGISTRAR	DEI A	CERTIF					
	CEASED NAME FIRST	WIDDLE	1	TH DAY	YEAR	26 HOUR		
(TYPE	Philip	P	izorn	ick	8	1	84	232 PM
3. SE	(	4. RACE	DATE C		6. AGE (IN YEARS LAST BIRTHDAY	MON1	DER TYEAR	IF UNDER 24 HRS
	Male	White	3	15 185	99	YRS	DATS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	75. CITIZEN OF WHAT COUNTR	Y? 8 MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY OR CO	ONTY OF I	DEATH	MD.
10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME C		120. USUAL OCCUPATION			F BUSINESS OR
B	attimore	Six NOT IN SUCH FACILITY, GIVE STR	SDITA	l	KOSHER BUTCH		NDUSTRY FO	OODS
	AL RESIDENCE (IF NURSING HOME OF			13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE		#21209
11	laryland	But	more	YES X NO	6300 Green	med	RU (	2kh
14. E/	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		2	1209
	SHLOMAH	PAZORNI	CK	DVOR	AH	1.5	UNK	NOWN
	VAS DECEASED EVER IN U.S. AR		CURITY NO.	17. INFORMANT M	RS. CHARLOTTE	SHERM	IAN	
	YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		6300 GREEN MI	EADOW PARKWAY	BAI	TO., N	MD 21209
	PART-I. DE ATH WAS CAUSE		June June	Arrest			BETWEEN	MATE INTERVAL DISET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEC (b) WOSSIVE DUE TO, OR AS A CONSEC (c)	山.	Pleural Ef	Fusion by	ριχιά		
NO	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	IIN AT DISEASE OF CONDITIO	ON GIVEN II	PART IIO	,
TIFICAT	19a DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED		CERTIFYING		OF DEATH?
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN I	TEM TO PART I	OR PART 2]	
MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC )	21f LOCATION STREET	CITY OR TOWN		COUNTY	STATE
	sow the deceased alive on	tol) attended the deceased from	CITI	nd that in (our) opinion	deoth occurred on the date o	nd hour one		thosen (we) lost couses stated
	22b. SIGNATURES Mari	Sopher		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		22c DATE :	SIGNED 1/84
	30 PHEI	R PRINT)		Sinai	Hospital			
23a I	BURIAL, CREMATION, REMOVAL	23b. DATE 8/2/84	SWINIC	EMETERY OR CREMATORY	23d. LOCATION  ENEW CITYORTOWN	BALTO°	UNITY	MD STATE

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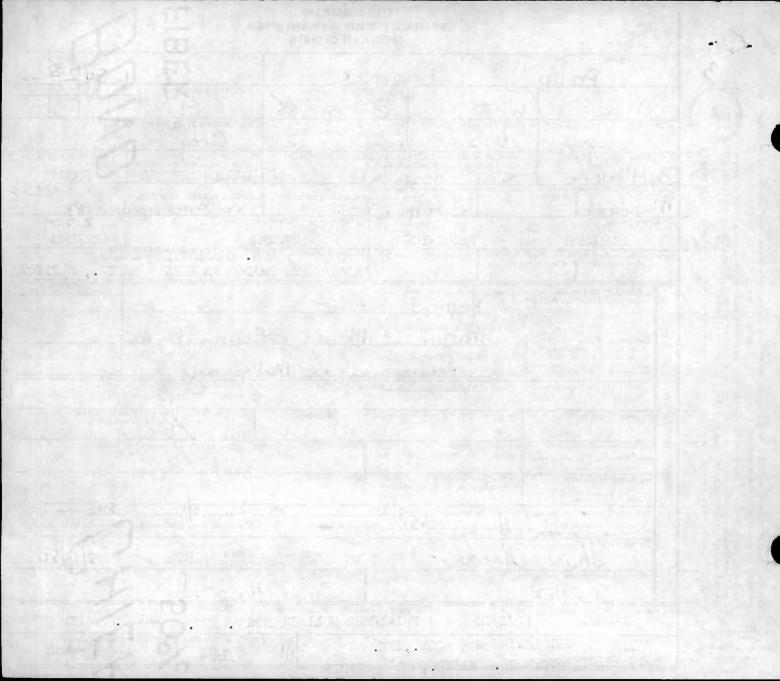
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AUG 7 1984

6010 REISTERSTOWN RD.

1984



STATE OF MARYLAND								
EPARTMENT OF HEALTH AND MENTAL HYGIENE	4							

YEAR

1889

NO T

15. MOTHER'S MAIDEN NAME

CERTIFICATE OF DEATH

	REG. 1	40.				
	2a. DATE OF DEATH	8 of	DAY	84	26. HOL	BA
П	6. AGE (IN YEARS LAST B	IRTHDAY}	IF UNE	DER 1 YEAR	IF UNDER	24 HF
	94		MONTH	DAYS	HOURS	Mil

MONTH FEMALE WHITE 7a BIRTHPLACE

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MARRIED NEVER MARRIED WIDOWED DIVORCED

YES XX

DATE OF BIRTH

9. BALTIMORE CITY OR COUNTY OF DEATH ALTIMORE

12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker

DALTIMORE CITY CHURCH HOME CORPORATION USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13b. COUNTY 13c. CITY OR TOWN

Baltimore Marvland 14. FATHER'S NAME Walter Sullivan Black

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

PART 2. OTHER SIGNAFICANT

ARGARET

FOR - STATE

COUNTRY

Maryland

LYES. NO OR UNKNOWN)

No

10. CITY OR TOWN OF DEATH

3. SEX

REGISTRAR DECEASED NAME TYPE OR PRINTS

16b. SOCIAL SECURITY NO

215-28-1895

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Katherine Jones

4401 Roland Ave.

17. INFORMANT

Frederick Singley Koontz Balto., Md. 21202 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED IMMEDIATE	BY: CAUSE (a)	Cash
Canditians, if any, which	DUE TO, OR AS A	CONSEQUENCEO
gave rise to immediate cause (a), stating the underlying cause last.		CONSEQUENCE O

(IF YES, GIVE WAR OR DATES)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

13e. STREET ADDRESS

amers 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

21b. TIME OF INJURY

200 AUTOPSY? NO

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T YES

COUNTY

21210

LAST

21g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

DAY YEAR 19 21e. PLACE OF INJURY

21f. LOCATION

22a. | certify that (1) (this haspital) attended the deceased from sow the deceased live an above, (I) fivey (did) (did not) view the body efter death

23b. DATE

and that in (my) (aur) apinian death accurred an the date and have and from the causes stated 22c. DATE SIGNED

STAFF

25g, DATE REC'D, BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

DEGREE

220 ADDRESS

MEDICAL

230 BURIAL, CREMATION, REMOVAL Cremation

22h SIGNATURE

Aug. 30.1984

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Greenmount

ATTENDING

PHYSICIAN [

Baltimore City, Maryland

STATE

BP. 24. FUNERAL DIRECTOR

6500 York Rd. ADDRESS Mitchell-Wiedefeld Home, Inc. Balto., Md. 21212

Lucia Davidson-Randal

DHMH - 16 50M 4/B2 (VRA 15, 4)

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prior

and Mental Hygiene

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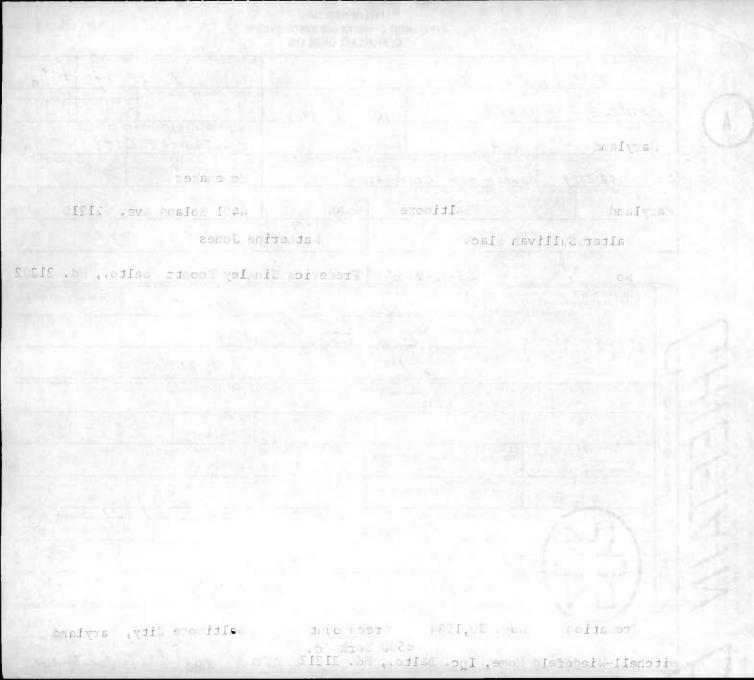
MPORTANT:

TO FUNERAL D should be detect with the State D

DIRECTOR

marked or flear 18

MEDICAL



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V	1	)
(	X	_
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ond completely filled in by the funeral director, page 3 'oges Vand 2 should be filed within 72 hours after death

injury, or other troumotic

or Hem 18 shows

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

da j	2	0	8	3

×1 •	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.		
	CEASED NAME FIRST		MIDDLE	L	2)	20. DATE OF DEATH	MONTH DAY		26 HOUR
	ETA	4EL	9.	1	ERRY		8 0	84	9-A1
3. SE	× /	4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
/	F	CAUC		6	13 99	8.5	YRS.	JAI J	MOOKS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH	
6	Bolto. Md	4.5.		WIDOWE		BALTI	more	(	ity ME
10. C	ITY OR TOWN OF DEATH			HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATI			F BUSINESS OR
B	alto, Md.		HEACILITY, GIVE STREET AS		VEC HOME	I LOUISE WENT		INDUSTRY	
	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	DMISSION)		Lia Carrest Appress			
-	Aryland -		BALA,		YES NO	130. STREET ADDRESS	LUZ CAKE	is Mis	-, 2121
	ATHER'S NAME				15. MOTHER'S MAIDEN NA				
	Conrad Tw	rner	LAST		Kate	MIDDITA	ager	LAST	
	WAS DECEASED EVER IN U.S. A		16b. SOCIAL SECUR	ITY NO.	17. INFORMANT		ss 6224		
(	YES, NO OR UNKNOWN) (IF YES O	SIVE WAR OR DATES)	213-74-4	1757	Mrs. L. Merc	edes Radoci	Bala	to. M.	-21214
	18. CAUSE OF DEATH (Enter of		line for (a), (b), and	(c).)			1 0	BETWEEN	MATE INTERVAL
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	Seven	20	Congres five	their to	uliv	WK	
	1		R AS A CONSEQUEN	JCE OF	-0 1	1 1			
	Conditions, if any, which	( (b)	artin	in	etrolec h	ent des	428	yeur	11
	gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUEN	JCE OF					
	underlying couse lost. Due 10, OR AS A CONSEQUENCE OF artimo selicies							· per	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0								
CERTIFICATION									
CAT	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
TE						YES NO	YES		NO [
CER	210. ACCIDENT WAS UNDERLYING			VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM IB RAR	T I OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF D	CAIN	M. MONTH DAY M.	1EAR					
WEDICAL	21d. INJURY OCCURRED	21s. PLACE	OF INJURY		211. LOCATION			COUNTY	STATE
Z	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FAI	RM, ETC }	STREET	CITYORIO	WIN	2001417	SIAIC
	22a.1 certify that (I) (this has	pital) attended th	deceased from		1972,19	, to			that (I) (we) last
	sow the deceased alive a above, (I) (we) (did) (did r	on 8/6/	ofter death	, or	nd that in (my) (our) apinion	death accurred on the do	te and hour o	nd from the o	ouses stated
	22b. SIGNATURE	lott yew tile body	Office Beoffi.	30.7	DEGREE	diam's		22c. DATE S	SIGNED
	12hr.	Marso	les		ATTENDING PHYSICIAN	MEDICAL STAF	IAN		
	22d. PHYSICIAN'S NAME (TYPE				22e. ADDRESS	/			
	R. S. 11	111 61	10		7811 6	Ise Ava		2/12	2

DHMH - 16 50M 4/B2 (VRA 15, 4)

John C. Miller Inc-6415 Belair Road-21206

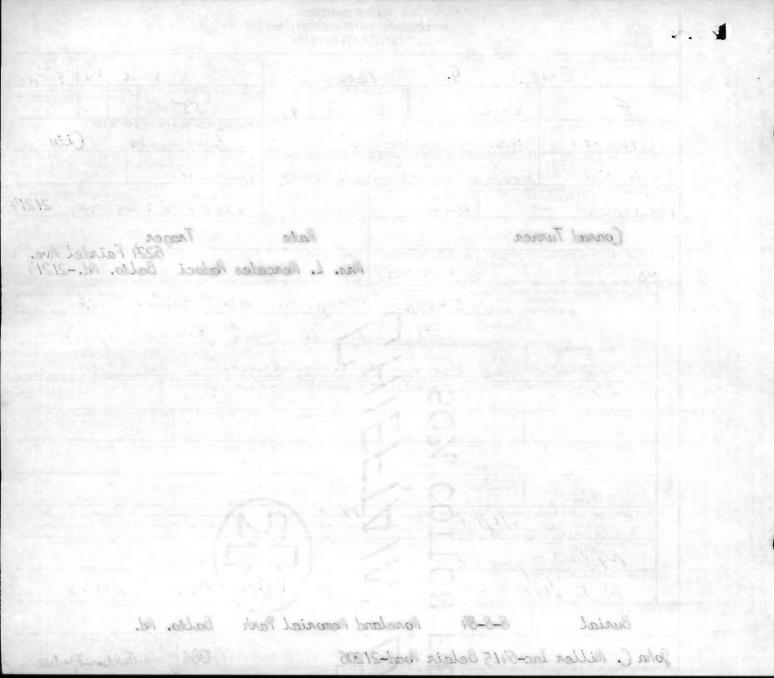
23b. DATE 8-84

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Balto. M. COUNTY Balto. M. COUNTY Date REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

7 1984 Julia Swider Burles

STATE



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate

etained by the haspital ar attending physicion.

1		FOR STATE REGISTRA
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# STATE OF MARYLAND

	1-	FOR STATE REGISTRAR	DEPAR		EALTH AND MEN		ENE REG. NO.	Biogs II	0	0 0
		CEASED NAME FIRST	WIDDLE	LA	AST	18.4	20. DATE OF DEATH ME	ONTH DAY	YEAR	2b. HOUR
	,,,,,	JOE	E DEBNAM	P	ERRY		3	3 17	84	М
	3 SEX	(	4. RACE	5. DATE O	F BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHE	MONTE		IF UNDER 24 HRS
3		MALE	BLACK		1 11	30	53	YRS.		
3		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED	NEVERMAR	RIED 🗆	9. BALTIMORE CITY OR	COUNTY OF I	DEATH	
		RTH CAR.	USA	WIDOWE	DIVOR	CED 🗌	BALTO.			MD.
9	BA	I TO.	111. NAME OF HOSPITAL, NUR (JENOT IN SUCH FACILITY, GIVE STR 3712 ROWER		R OTHER INSTITU	TION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V		B. KIND OF NDUSTRY	BUSINESSOR
N.	USUA		OR OTHER INSTITUTION, GIVE RESIDENCE BEF						215	2007
1	MD		BAL TO	JWN	13d. INSIDE CITY I	D 🗆	3712 BOWE	RS AV	F	10
		THER'S NAME	MIDDLE LAST		15. MOTHER'S MA			111		
L	EM	MITT	PERRY		MABEL		WIDDLE	DEBNA	M	
		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b SOCIAL SE	CURITY NO.	17. INFORMANT		ADDRESS			
		NO NO	242-4	2-4681	VIRGIN	UA P	ERRY 3712	BOWER	s Av	E
1	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o.), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO	QUENCE OF CO			20a AUTOPSY?	TION GIVEN IN  100 IF YES, WE  N CERTIFYING  YES	RE FINDING	GS USED
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJUR	Y OCCURRE	ED (ENTER NATURE OF INJURY	N ITEM 18 PART 1	OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	CE, FARM ETC )	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
		22a I certify that (1) (this has	pital) attended the deceased from	m	, 1	9	, to		, th	hat (I) (we) last
1		sow the deceased alive a above, (1) (we) (did) (did)	n19	, on	d that in (my) (out	r) opinion d	eath occurred on the date	and hour and	from the co	ouses stated
1		22b. SIGNATUR	llet	^		NDING SICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		22c DATES	IGNED
		234 PHYSICIAN'S NAME from	llniga		22e. ADDRESS					
	23a. B	URIAL, CREMATION, REMOVA		E. NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION CITY OR TOWN	coi	VINTY	STATE
	24. FU	BURIAL JNERAL DIRECTOR	8/22/84	KING M	EM. PK.	250 DATE	REC D. ST REQUIPMENTS	DEGISTRAR'	SSIGNATU	IRF .

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and computerly filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbon propers. Pages 1 and 2 should be that within 72 with the State Dept. of Health and Mental Hygiene priar to buriol, cremation, or temperal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar ather traumatic event. H

(VRA 15, 4)

BP.

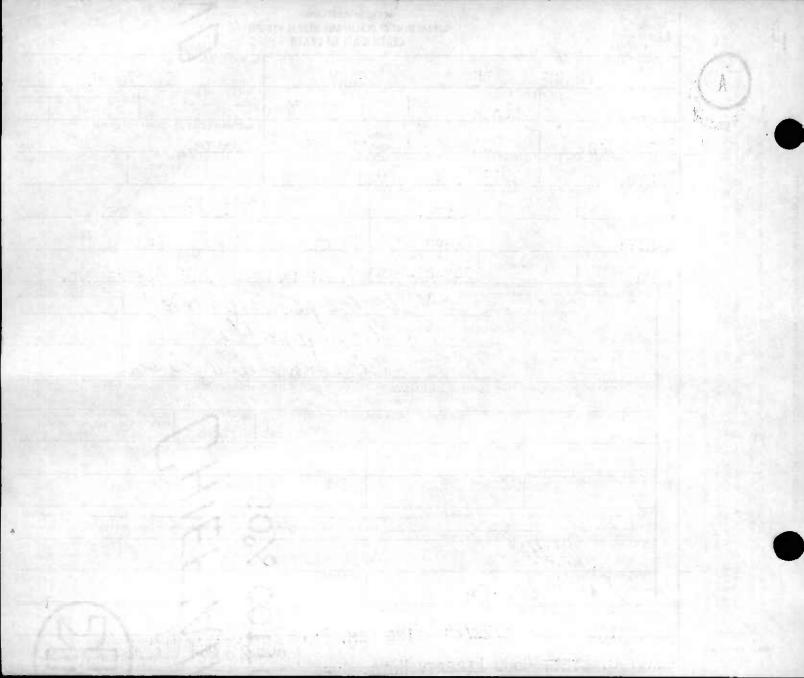
LEROY IREDTY

ADDRESS

PACE 23

TERISTEAR MIDEGISTRAR'S SIGNATURE

JUNE Junia Davidson-Randese



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	00	
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	TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer retained by the haspital or offending physician.	

		CEASED NAME FIRST OR PRINT!	WIDDLE	LAST	The Division of Dentity	DAY YEAR 26 HC
1		Belle	C	PEYTON		4 84 8
	3 SEX	Femore.	Caucasian	5. DATE OF BIRTH MONTH DAY YEAR 11 20 08	6. AGE (IN YFARSLAST BIRTHDAY) 75 YRS.	MONTHS DAYS HOUR
45	7a Bl	RTHPLACE (STATE OR FOREIGN 76. OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH
100	-	TY OR TOWN OF DEATH 11	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING !!!	126 KIND OF BUS
St. Pe	USU/ 130. S	AL RESIDENCE (IF NURSING HOME OR OIL TATE 134 COUNTY ARYLAND CALUE	HER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	000
)#/C	_	THER'S NAME	DDLE 1AST	15 MOTHER'S MAIDEN NA		LAST
Z medicol		AS DECEASED EVER IN U.S. ARME (ES. NO OR UNKNOWN) (IF YES, GIVE W		RITY NO. 17 INFORMANT	ADDRESS	t. Md. 2
vent, the		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED EIMMEDIATE (	BY: 1 ann. P.	MONARY ARREST		APPROXIMATE IN BETWEEN ONSET A / M. M. C.D.I.A.
or other troumotic		Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b) CARDIO GE  DUE TO, OR AS A CONSEQUE	vie Shock	ery s 24	1 MARON
njury, o	NOI	PART 2 OTHER SIGNIFICANT CO	nditions <u>contributing</u> to d	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 110
Z ony	CERTIFICATION	190 DATE OF OPERATION 8/3/84		OPERATION WAS PERFORMED	IN CERTII	S, WERE FINDINGS U FYING CAUSES OF DI S NC
Item 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (# EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18.1	PART I OR PART 2)
rked or H	MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OR TOWN	COUNTY
21 is mo		220.1 certify that (1) (this hospital sow the deceased alive on above, (1) (wey did) (did not) v	-3 1/3	84, and that in (my) (our) opinion	to B-30 - 8/4 death occurred on the date and hou	19 <u>84</u> , that (I r and from the couses
, ,,		226 SIGNATURE 9. T. School	ont & MD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNE 8/4/8
LT. If Head		224. PHYSICIAN'S NAME (TYPE OF		22e. ADDRESS	RENE ST, BALTIA	map MD
IMPORTANT: If Item		J.T. SCHWAR	YIZ UK "D	2 - 0, ER	1000 01, 24,277	0.07.1-

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CONTRACTOR	
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2/2/24 Roman Manual Andrews Land Land Land Land Land Land Land Land	
CONTRACTOR OF THE PARTY OF THE	
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IT Schnere De MD 225 Come St Berner, NE 2004	
All Comments of the comment of the state of	n A

STATE	OF	MARYLAND	

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	1 - STATE REGISTRAR	DEFARIT		ICATE OF DEATH	REG. NO.			
	1. DECEASED NAME (TYPE OR PRINT) HOME	ER C	PI	41LLIPS	2a DATE OF DEATH M	-24	S 4	640 PM
	3. SEX	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS
	Male	White	12	8 1911	72	YRS	VIHS DATS	HOURS MIN.
	In BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF	FDEATH	
7	Pennsylvania	U.S.A.	WIDOWE		Baltimore	e City	V	MD.
/	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATIO	N	12b KIND O	F BUSINESS OR
	Baltimore /	Francis Scott		Med.Center	Operating			-Union
7	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 138 COUN Maryland Bal	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW Ltimore Dundal	VN	13d. INSIDE CITY LIMITS? YES NO 🛣	3701 Old		Poi	21222 nt Road
8	14 FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE		1.05	
J	John	Lee Philli	ps	Ada	Mae		Mar	shall
Ī	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	URITY NO.	17 INFORMANT	ADDRES	S		
ŕ	No		-7639	Hester R.	Phillips _	Same	as :	13e
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	mon	110				
		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COND	ITION GIVEN	IN PART TIC	2
2	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATIO	n was performed	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES [	NG CAUSES	
1	OR CONTRIBUTING TO CAUSE OF OF	ATH HOUR A.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN HEM 18 PART	1 OR PART 2)	
	(IF ETIMER, NOTIFY MEDICAL EXAMINES  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINES  AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TOW	N A	COUNTY	STAPE
		at) view the body after death	- A1	nd that in m) (aur) apinian a	to XXXIII	e and haur a		that (I) (we last causes stated
	22b. SIGNATURE	Jan 2		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICI		22c DATE	24-84
	22d PHYSICIAN'S NAME (TYPE O	FRANCIS		22e ADDRESS		,		

ORTANT: # and be deto

DHMH - 16 50M 4/83 (VRA 15, 4)

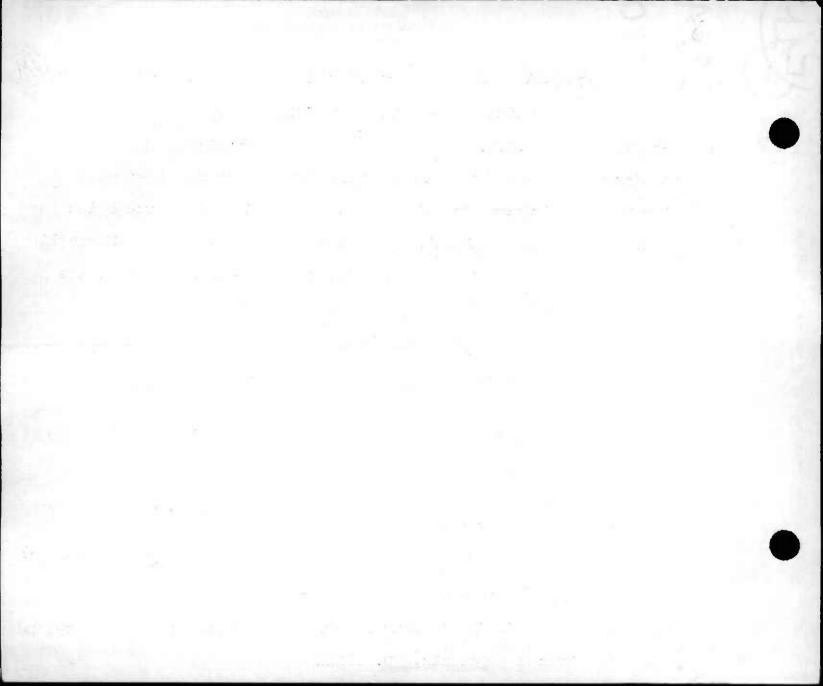
23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
Baltimore

Maryland COUNTY

236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CR. Entombment 8/28/1984 Loudon Park 24 FUNERAL DIRECTOR Duda-Ruck, Inc. NAME 7922 Wise Avenue Dundalk, MD. 21222

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
AUG 2. 8 1984 Julia Davidson-Handale



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1-	FOR STATE			DEPAR		EALTH AND MENTA			(.				
I DEC	REGISTRAR CEASED NAME	FIRST		MIDDLE		LAST	2a [	ATE OF DEA	G. NO.	DAY	YEAR	26 HO	JR
	OR PRINT)					- arran			00	0.0	0.4	٥.	20
		HILD				SKOP	4.40	GE (IN YEARS L	08	02	84 DER I YEAR	9:	-
3. SE)	C .	4.	RACE		3. DATE	OF BIRTH H DAY YEA		DE (INTENST	AST DIKTRUATI	MONTH		HOURS	M
	Female		White		Jan.	1, 1907		77	YR				
	RTHPLACE (STATE OF	FOREIGN 76	CITIZEN OF	WHAT COUNTRY	/? 8 MARRIE	DEED NEVER MARRIE	D 🗆 🖁 🖪	ALTIMORE C	ITY OR COU	NIY OF D	EAIH		
	stonia		U.S.	A.	WIDOW	ED DIVORCE	D D E	BALTIN		CIT	-		
10 CI	TY OR TOWN OF DE	ATH 1	NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTIO	N 12a	USUAL OCC	JPATION MOST OF WORKIN		b. KIND O	F BUSIN	ESS
В	ALTIMORE			OHNS HO		HOSPITA	L	Homema	ker				
USUA	AL RESIDENCE (# NU	SING HOME OF OT	HER INSTITUTION		ORE ADMISSION)	113d. INSIDE CITY LIM	ITS2 1126 S	STREET ADDI	RESS / ZIP C	ODE			
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	THER'S NAME				010	15 MOTHER'S MAIDE				17.001			
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160 V	<i>eksander</i> VAS DECEASED EVE	R IN U.S. ARMI	ED FORCES?	Tamsalu		Maria 17 INFORMANT			ADDRESS	110	IL JUS		_
	YES, NO OR UNKNOWN)		VAR OR DATES)							2 -			
	no			213-46-		Johannes	Pilsko	op sam	e as I.	se	APPROX BETWEEN	MATE INT	RVAL
	18 CAUSE OF DEA	TH (Enter only	one cause per	(1)	. 11		1	and t			BETWEEN		(r
	I AKI I. DEAIL	IMMEDIATE		andio	pur	monoury	H	esi			75	m	n
			DUE TO, O	R AS A CONSEC	UENCE QF	-	^	1 -		- 1	7	1	
	Conditions, if on	y, which	(b)_	Myoca	moli	al In	and	ctzon				aa	4
	gove rise to in		DUETO	R AS A CONSEC	NIENCE OF		4				~		-
	underlying cou-		100000	Cocox	rand	Antero	1 A	seas	e		55	real	3
	PART 2. OTHER SIG	INIFICANT CO	NDITIONS C	ONTRIBUTING T	O DEARTH B	NOT RELATED TO TH	TERMINAL	DISEASE OR	CONDITION	GIVEN IN	PART 10	o l	
Z	LIVEOU	tensi	_										
CERTIFICATION	19a DATE OF OPER			ITION FOR WHIC	CH OPERATION	ON WAS PERFORMED	2	0a AUTOPSY		YES, WE			
FIC	Non			-				ESTA NO	_	RTIFYING	CAUSES	OF DEA	
1 E	210. ACCIDENT WAS U		21b. TIME C	OF IN ILIRY		121c HOW INJURY C			OF INJURY IN ITEA		OR PART 2)		
	OR CONTRIBUTING		1100100		DAY YEAR			7					
S	(IF EITHER, NOTIFY ME			.M.	19	211 LOCATION							
MEDICAL	21d. INJURY OCCU			OF INJURY REET, FACTORY, OFFICE	E FARM, ETC )	STREET		CIT	YORTOWN	(	OUNTY		STATE
*	AT WORK AT W	ORK								-	311		
	270   certify that (1) (this hospital) entended the deceased from HVGUST												
1	sow the decer obove, (1) (we)		HUGUS	ofter death	84	and that in (my) (our) o	pinion deotl	h occurred on	the date and	hour ond	from the	couses s	tated
1	226. SIGNATURE	tolar (did not)	VICH PIC DOG	Otter decom.		DEGREE					22c DATE	SIGNE	,
	SA	100	in l			MID ATTEND		EDICAL RECTOR   I	STAFF	0	8/2	2/94	/
			700			22e ADDRESS	JAN L DI	MECTOR [] 1	HISICIALE	,	-	10	-
-	224 PHYSICIAN'S	JAME LIVE OF	PRINT)									44	01
	22d PHYSICIAN'S	NAME (TYPE OR		401001	1	LAI Lit	Vice S	74	ZACTIN	MORE	- n	V	4
	GER	ALD 1	M. G	ACIOCH	l	601 W	offe s	St., 1	BACTU	NORE	5, n	TID I	2
	GER BURIAL, CREMATION	ALD 1			l	CEMETERY OR CREMA	TORY 1	31 LOCATIO		NORE	S N		STATE
	GER	ALD 1	M. G	23	St. NAME OF	s of Faith		Balti	more.	Mary	land		STATI
	GER BURIAL, CREMATION (SPECIFY)	ALD 1	M. G.	23	R. NAME OF	s of Faith		Balti	MOTE STRAR 256 RE	Mary	land S SIGNAT	-	

DHMH - 16 50M 4/83 (VRA 15, 4)

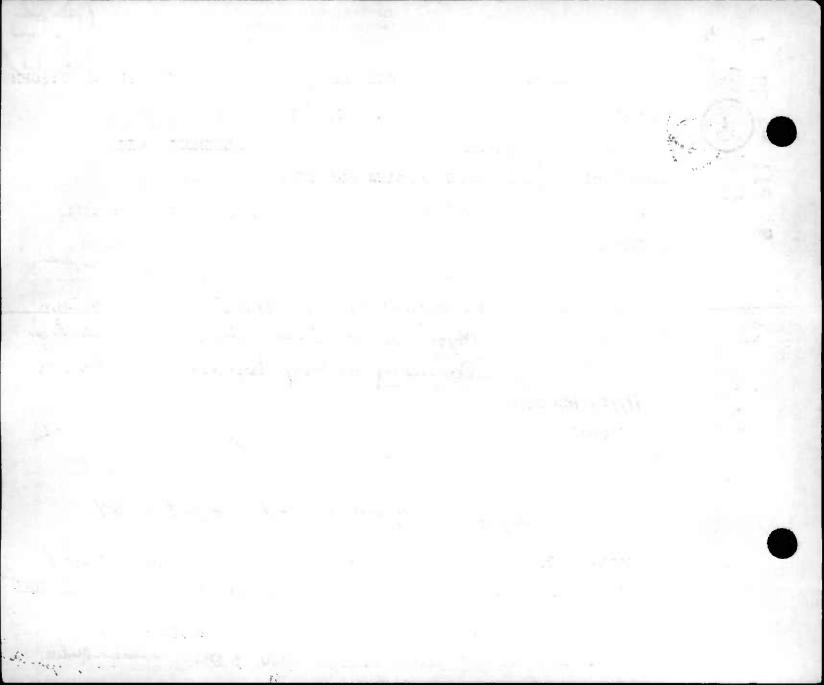
should be detached for use as the burial-transit permit. Then please remove carbon paper. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

retained by the hospital or attending physician.

BP.



urs ofter death. Page 4 may be	by the funeral dingray, par filled within 72 hour dam addition at object
ertificate be executed within 24 ha	ig physician and campletely filled is conpapers. Pages I and 2 should by removal. cevent, the medical bydamer must b
4. The law requires that the death c ysicion.	care has been signed by the attendir onsit permit. Then please remove corlygiene prior to burial, cremation, or 8 shows any injury, or other traumatin.
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be etained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the tuneral district should be detached for use as the buriol-transit permit. Then please remove carbonoopers. Pages I and 2 should be find within 7 hauf with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.  Why PORIANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical backment must be anothed at other

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR				EALTH AND MENTAL I	REG. N	0.		
1. DECEASED NAME	FIRST	WIDDLE	ı	AST	2a DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
[TITE ORPRIN]	JOSEPH	T.	I	PILKERTON		8 23	84	4 AM
3 SEX	4 R	ACE	5 DATE C		6 AGE (IN YEARS LAST BI	RTHDAY) IF UI	NDER 1 YEAR	IF UNDER 24 HRS.
Male		White	Sept	. 30, 1912		YRS		7,100
To. BIRTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF WHAT	COUNTRY? 8.	D X NEVER MARRIED	9 BALTIMORE CITY	_	DEATH	
MD		USA	WIDOWE	D DIVORCED	□ BALTIMOR.			MD
BALTIMORE	E CITY U	JNION ME	EMORIAL HO	OR OTHER INSTITUTION OSPITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Driver	OF WORKING LIFE)	NDUSTRY	of BUSINESS OR
USUAL RESIDENCE (IF)	NURSING HOME OR OTHE	13c. C1	sidence before admission) ITY OR TOWN Balto.	13d. INSIDE CITY LIMITS YES 🔼 NO 🗌	517 E. 3	/ ZIP CODE 85th St.	, 21	218
14 FATHER'S NAME FIRST John	T.	Pill	kerton	IS MOTHER'S MAIDEN Agnes	MIDDLE	F	ledun	ig
160 WAS DECEASED EN			OCIAL SECURITY NO.	17 INFORMANT	ADDR	ESS		
Yes	WW I		16 5836	Mrs. Ma	ary Pilkerton	٦,	Sam	
18 CAUSE OF DE PART I. DEATE	EATH (Enter only of H WAS CAUSED BY IMMEDIATE CA	. )/	OB (SMa)	of bourel	obstruction		BETWEEN	IMATE INTERVAL ONSET AND DEATH
Conditions, if a gave rise to cause (a), st underlying co	immediate lating the	(b) Me	CONSEQUENCE OF	Colonic a	Dicinoma		2	month
gave rise to cause (a), st underlying co	immediate lating the ause last	(b) Me	CONSEQUENCE OF		erminal Disease or Con		IN PART 11	
gave rise to cause (a), st underlying co	immediate lating the suse last	(b) DUE TO, OR AS A	CONSEQUENCE OF	NOT RELATED TO THE T		20b IF YES, WIN CERTIFYIN YES	IN PART 11	NGS USED
gave rise to cause (a), st underlying co	immediate dating the ause last (SIGNIFICANT CON	DUE TO, OR AS A  (c)  DITIONS CONTRIB  196 CONDITION F	CONSEQUENCE OF	NOT RELATED TO THE T	ERMINAL DISEASE OR CON	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	NGS USED OF DEATH?
PART 2 OTHERS  PART 2 OTHERS  19a DATE OF OPE  21a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)  21d IN JURY OCC	immediate ating the ause last  SIGNIFICANT CON  ERATION  SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	DUE TO, OR AS A  (c)  DITIONS CONTRIB  19b CONDITION F  21b TIME OF INJU  HOUR A.M. M  P.M.  21e PLACE OF INJ	CONSEQUENCE OF  BUTING TO DEATH BUT  FOR WHICH OPERATIO  RY  NONTH DAY YEAR  19	NOT RELATED TO THE T	ERMINAL DISEASE OR CON  200 AUTOPSY?  YES NO	20b. IF YES, WIN CERTIFYIN YES  DRY IN 11EM 18 PART 1	ERE FINDING CAUSES	NGS USED OF DEATH?
GOVE rise to couse (a), sit underlying couse (b). Sit underlying couper (b) and the couse (c) and the couse (c) and the couse (c) and the couper (	immediate ating the ause last	DUE TO, OR AS A  (c)  DUE TO, OR AS A  (c)  DITIONS CONTRIB  19b. CONDITION F  21b. TIME OF INJU HOUR A.M. M P.M.  21b. PLACE OF INJ (AT HOME STREET FAC	CONSEQUENCE OF  BUTING TO DEATH BUT  FOR WHICH OPERATIO  RY  NONTH DAY YEAR  19  URY  TORY OFFICE FARM ETC.)  ased from AULUS	NOT RELATED TO THE T  N WAS PERFORMED  21t HOW INJURY OCC  21t LOCATION STREET	200 AUTOPSY?  YES NO CONTROL OF INJURE OF INJURED.	20b IF YES, WIN CERTIFYIN YES	IN PART 11  ERE FINDING CAUSES  OR PART 21  COUNTY	NGS USED OF DIATH? NO
GOVE FISE TO COUSE (a), st underlying co underlying co underlying co underlying co underlying couse (a) and underlying couse (a) and underlying couse (a) and underlying couse (b) and underlying couse (c) and underlying co	immediate ating the puse last    SIGNIFICANT CON  ERATION  GUNDERLYING    CAUSE OF DEATH MEDICAL EXAMINER)  TURRED  DI WHILE    WORK  I (I) (this haspital)  easad glive on    e) (field (did not) vice)	DUE TO, OR AS A  (c)  IDITIONS CONTRIB  19b. CONDITION F  21b. TIME OF INJU HOUR A.M. M P.M.  21c. PLACE OF INJ (AI HOME STREET FACE)  THENDED THE DOOR OF INJU ALTERNATION OF INJU THENDED THE STREET FACE  THENDED THE DOOR OF INJU THENDED THE STREET FACE  THENDED THE DOOR OF INJU THENDED THE STREET FACE   CONSEQUENCE OF  SUTING TO DEATH BUT  FOR WHICH OPERATIO  RY  NONTH DAY YEAR  19  URY  TORY OFFICE FARM ETC.)  ased from 19  19  19  10  10  10  10  10  10  10	NOT RELATED TO THE T  N WAS PERFORMED  21t HOW INJURY OCC  21t LOCATION STREET  19  and that in (my) (pyr) aprin  DEGREE  ATTENDIN. PHYSICIAI	200 AUTOPSY?  YES NO CURRED (ENTER NATURE OF INJURED)  CITY OR TO COMMISSION DEATH OF THE COMMISSION D	20b IF YES, WIN CERTIFYIN YES DIPY IN 116M 18 PART I	IN PART 11  ERE FINDING CAUSES  OR PART 21  COUNTY	STATE	
GOVE FISE TO COUSE (a), st underlying co underlying co underlying co underlying co underlying couse (a) and underlying couse (a) and underlying couse (a) and underlying couse (b) and underlying couse (c) and underlying co	immediate ating the puse last    SIGNIFICANT CON    RATION    GUNDERLYING    CAUSE OF DEATH MEDICAL EXAMINER)    CURRED    OT WHILE    WORK    (I) his haspiral work on each alive on ea	DUE TO, OR AS A  (c)  IDITIONS CONTRIB  19b. CONDITION F  21b. TIME OF INJU HOUR A.M. M P.M.  21c. PLACE OF INJ (AI HOME STREET FACE)  THENDED THE DOOR OF INJU ALTERNATION OF INJU THENDED THE STREET FACE  THENDED THE DOOR OF INJU THENDED THE STREET FACE  THENDED THE DOOR OF INJU THENDED THE STREET FACE   CONSEQUENCE OF  SUTING TO DEATH BUT  FOR WHICH OPERATIO  RY  NONTH DAY YEAR  19  URY  TORY OFFICE FARM ETC.)  ased from 19  Leath. 19	NOT RELATED TO THE T  N WAS PERFORMED  21t HOW INJURY OCC  21f LOCATION STREET  19  and that in (my) oyr) apin  DEGREE  ATTENDIN	200 AUTOPSY?  YES NO CURRED (ENTER NATURE OF INJURIE)  CITY OR TO  John Death occurred an the of the company of	20b IF YES, WIN CERTIFYIN YES DIPY IN 116M 18 PART I	ERE FINDING CAUSES  OR PART 2)  COUNTY  22c DATE	STATE	

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

Henry W. Jenkins & Sons Co. 24 FUNERAL DIRECTOR 4905 York Road Balto., MD 21212

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certifying be executed within 24thaurs of
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ŧ	- STATE REGISTRAR		DEPART		ICATE OF DEA						
H	I. DECEASED NAME FIRST		MIDDLE	1	AST		20 DATE OF DEA	G. NO.	DAY	YEAR	26 HOUR
ľ	(TYPE OR PRINT)						20 DAIL OF BLA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Zu HOOK
ŀ		aire	R	_	Pinerma	n	08/0				8:29PM
ľ	3. SEX	4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LA	STBIRTHDAY)	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN.
L	F <b>e</b> male	White		9	7	80	75	YR	S.		
F	To. BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8.	DX NEVER MAR	DIED [	9 BALTIMORE CI	TY OR COU	NTY OF DE	HTA	
I	(OUNTRY)			WIDOWE			Balti	noro	City		MD.
t	10. CITY OR TOWN OF DEATH		HOSPITAL, NURSIN	IG HOME C			120 USUAL OCCU	PATION	17b.		F BUSINESS OR
ı	D-312		CH FACILITY, GIVE STREET		**		Homema		IG LIFF) INE	DUSTRY	
H	Baltimore USUAL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION	Johns H	ODK1	ns Hosp	ıtal	Homema	Ker		-	
	13a. STATE 13b CC	DUNTY	13c. CITY OR TOW	N	136 INSIDE CITY	LIMITS?	13e.STREET ADDR				
L	Md.		Balto.				3506 Se	<u>ven Mi</u>	<u>le La</u>	ine	21215
ľ	14. FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MA		ME	OLE.		1.A5	T
ı	Adolph	С.	Rosne	r	Freida				Rei	gel	
t	160 WAS DECEASED EVER IN U.S.		16b. SOCIAL SECU	RITY NO.	17_INFORMANT		A	ODRESS 7			Center
ø	(YES, NO OR UNKNOWN) (IF YES	, GIVE WAR OR DATES)	213-01-0	858	Mr. Pau	11 C	Wolman	Balto			0011001
ŧ			-		111. 140	11 0.	WOTHIGH	Daico			MATE INTERVAL ONSET AND DEATH
1	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r anly one cause pe USED BY:	0	1 0	. die A	1A act				BETWEEN	ONSET AND DEATH
ł	IMMED	)IATE CAUSE (a)	Kespirato	1914	entitue 14	000			-	10	BULL
T	1	DUE TO, C	RAS A CONSEQUE		A = 1160					,	
1	Conditions, if any, which		Endomet	clas	CHIUCER				_	y	ris
N	cause (o), stoting the	DUE TO, C	R AS A CONSEQUE	ENCE OF						0	
ı	underlying couse last.	(c)_									
ı	PART 2 OTHER SIGNIFICAN	NI CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR	ONDITION	GIVEN IN	PART 10	0
ı	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING										
1	190 DATE OF OPERATION	196. CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?		YES, WER		
l	Ξ						YES NO		YES 🗀	CAUSES	OF DEATH?
1	210. ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY		21c. HOW INJUR	Y OGCURR	RED (ENTER NATURE O			PART 21	
ı		DEATH HOUR A	.M. MONTH D				(())				
ı	(IF EITHER, NOTIFY MEDICAL EXAM		.M.	19	ALL LOCATION						
ı	216. INJURY OCCURRED		OF INJURY	ARM, ETC.)	211 LOCATION		CITY	OR TOWN	CC	YINU	STATE
ı	AT WORK AT WORK			-		/				. (	
ı	220 1 certify that (1) (this he	410		-	J., 1	19 84	, ta		19	7	that (I) (we) last
ı	saw the deceased alive abave, (1) (we) (did) (did			84.0	nd that in (my) (au	r) apinion c	death accurred an t	he date and	hour and f	ram the	causes stated
ı	226. SIGNATURE		` 01		DEGREE				2	c. DATE	SIGNED
ł	LYWW	en h	D Phi	$\cap$	ATTE	NDING SICIAN	MEDICAL DIRECTOR PH	STAFF	>	81	1/84
1	224. PHYSICIAN'S NAME (T)	PE OR PRINT)			22e ADDRESS	ORIGINA L		. SICIAITY		~1	11-
	FVAF	& I Nhad	M		TOUR	5 40	PKINS H	OSPIT	AL		
-	- Y/7	CUSIYV	117		1 301.00.			22111	-		
	23a BURIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION	VN	COUN	NTY	STATE
	Removal	8/	8/84								
I	24 FUNERAL DIRECTOR		. Donner			25 ACIAIT	EREC D BY DE SIN	RAR 200. REC	GISTRAR'S	SIGNAT	URE

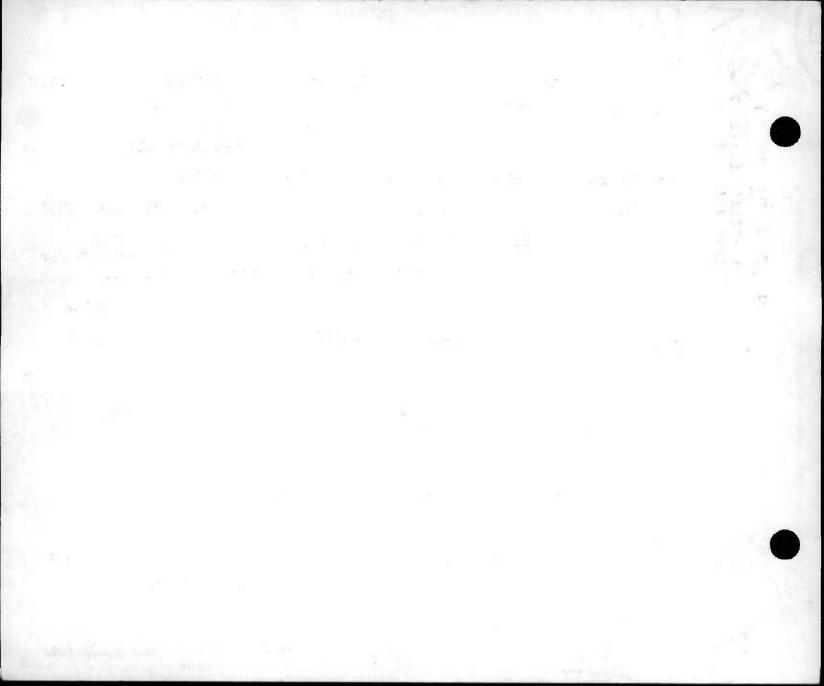
DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicial should be detached for use as the buriol-transit permit. Then please remave carbanpopers, with the State Dept. of Health and Mental Hygiene prior to buriol, cremotian, ar removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event, the

Anatomy Board

Balto., Md.

Juna Davidson-Handall



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			TEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.			
1		CEASED NAME FIRST	MIDD	t£.	LAST	20 DATE OF DEATH MO	ONTH DAY YEAR	2b HOUR	
1	TYPE	ORPRINT) Miltor	(Will:	iam) Dir	knev	August 27	. 1984	12:15P	
1	3. SE)		4. RACE	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	AY) # UNDER 1 YEAR		
1		male	blac	nont 9	26 04	7.9	YRS. MONTHS DAYS	HOURS MIN.	
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?		9 BALTIMORE CITY OR			
F		OUNTRY)	II C	MARRIE WIDOW	D NEVER MARRIED DIVORCED	Baltimore	City	MD.	
1		ryland TY OR TOWN OF DEATH		PITAL, NURSING HOME		120 USUAL OCCUPATION	12b. KIND	OF BUSINESS OR	
<	D -	1 + 4		CILITY, GIVE STREET ADDRESS)	. Manusipal	(TYPE OF WORK FOR MOST OF W	ORKING LIFE   INDUSTRY		
4	USUA	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE			1			
4		TATE 136 COUN		. CITY OR TOWN	138. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z			
4		ryland		Baltimore	YES NO		orth Ave.	21213	
-	11.10		MIDDLE	LAST	FIRS†	MIDDLE	LA	AST	
4		John		Pinkney	Elizabe	th	Dav	is	
1		VAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b	SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS			
	N	10	2	17-03-6590	Marian Tho	mpson 1321	East Nor		
		18. CAUSE OF DEATH (Enter on		for (a), (b), and (c)	0 1		APPRO BETWEEN	XIMATE INTERVAL ONSET AND DEATH	
1		PART 1. DEATH WAS CAUSE IMMEDIAT	E CAUSE (o)	Cardiac	Arrest		3	mino,	
1			DUE TO OR AS	S A CONSEQUENCE OF					
ı		Conditions, if ony, which	(b)	Seosis			2	dayo	
-		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF							
1		underlying couse last	DOE TO, ORA.	Staplocco	WAL Prei	imonia	5	dans	
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONT			AIN AL DISEASE OR CONDIT	ION GIVEN IN PART 1	10	
	O	Leukemia.	Avenio	. Huperty	ensive				
0	CERTIFICATION	190 DATE OF OPERATION	1 1 1	NEOR WHILE OPERATIO	N WAS PERFORMED	20e AUTOPSY? 2	Ob. IF YES, WERE FIND	INGS USED	
-	IFI					YES NOT	N CERTIFYING CAUSE YES 🏻	NO []	
	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF IN		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	NITEM 18 PART I OR PART 2)		
		OR CONTRIBUTING CAUSE OF DEA	In .	MONTH DAY YEAR					
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e PLACE OF		211 LOCATION			<u> </u>	
	ME	WHILE NOT WHILE	(AT HOME STREET	FACTORY OFFICE FARM ETC )	STREET	CITY OR TOWN	COUNTY	STATE	
		AT WORK AT WORK	-1> -44-4 45- 4	eceased from Augus	st 19 10 84	in August 2	) 10 QU	4 - 4 (- ) (- )	
		220.1 certify that (1) (this haspit sow the deceased alive on		1	nd that in (my) (our) apinion		and how and learn the	, that (II (we) lost	
		above, (1) (we) (did) (did no:			DEGREE	acom occorred on the dote		E SIGNED	
		220 SIGNATURE	0.0 T	0	ATTENDING	MEDICAL STAFF	22C. DAT	SIGNED	
_		Alluen N	· Haro		PHYSICIAN [	DIRECTOR PHYSICIAL	NB Hu	4. 21,1989	
1		22d. PHYSICIAN'S NAME (TYPE O	PRINT)	200	22e ADDRESS	nway 110 =		100	
		Steven D	· Valo	orve my	17HH, 13 000	and + Motte ?	715. Balt	. Thel	
		URIAL, CREMATION, REMOVAL	23b DATE		EMETERY OR CREMATORY	23d LOCATION CITY OR LOWN	COUNTY	STATE	
		TURIAL	9/1/8	4  Eastvi	ew Mem. Pk.	Baltimor	·	Md.	
	24 FU	INERAL DIRECTOR		ADDRESS	25a. DA1	TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNA	TURE	
	Wn	n C March F/H	Inc. 1		h Avenue	AUG 2 9 1984	Sa Davidson	Budall	
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DHMH - 16 50M 4/83 (VRA 1S, 4)

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9	1-	STATE REGISTRAR	DEPARI	CERTIFICATE OF DEATH	REG. NO	2. 1 0 7 0
m e		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST		MONTH DAY YEAR 26. HOUR
20		Ethel		Pipkin	August 3,	
	3 SE	male	Black	5. DATE OF BIRTH MONTH DAY YEAR  11 25 - 91	6 AGE (IN YEARS LAST BIR	THDAY)  IF UNDER LYEAR IF UNDER 24 MR  MONTHS DATS HOURS MIR  YRS.
11: 0//	r.	RTHPLACE (STATE OR FOREIGN COUNTRY) NorthCast	76 CITIZEN OF WHAT COUNTRY?		Baltimore (	R COUNTY OF DEATH
y the full	10 CI	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION (ADDRESS)	12a USUAL OCCUPATION OF WORK FOR MOST O	ON 126 KIND OF BUSINESS C
filled in by nould be filed	USU	AL RESIDENCE (IF NURSING HOME () TATE 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION) VN 13d INSIDE CITY LIMITS?	13. STREET ADDRESS	PAITIMETO M
Control of the state of the sta	14. FA	THER'S NAME FIRST	MIDDLE A LICEN	15. MOTHER'S MAIDEN N.	AME	UN Know M
Pages 1			RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES)	URITY NO. 17 INFORMANT Willie Gi	PKING 1712	n. Monford AVE.
physicial onpapers. emaval. event, the		DARTI DEATHAMAS GALLS	ATE CAUSE (D) Septal	and a interior-in		APPROXIMATE INTERVAL BETWEEN ONSET AND DE AT
attending nave carb ation, ar r traumatic		Conditions, if any, which	( bCongestive	ENCE OF infarction heart failure and	severe con	gestion
by the case rem al, cremo		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF of liver and moflow lobes		gestion
Then ple ta buri	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
permit, ene prior	CERTIFICATION	19a DATE OF OPERATION 8/3/84	Gastrostomy	operation was performed culty in Feeding	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES TO NO TO NO TO THE PROPERTY OF THE PROPERTY
ertificate rial-transit antal Hygi tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	216. TIME OF INJURY HOUR A.M. MONTH D	YEAR 19	RRED (ENTER NATURE OF INJUR	RY IN ITEM IS PART I OR PART 2)
ter this of the burner of the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR 10	WN COUNTY STATE
for use of Health		27a I certify thank (this has saw the deceased alive c above (we) (did have	pital) attended the deceased from	July 30 , 19 8 84, and that in Xny) (our) opinion		3, 19_84, th器器 (we) to one and hour and from the couses stated
AL DIREC letached are Dept. T. If them		226. SIGNATURALITY	Konfall 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	
ould be d th the Sto		Walter Kop		22e ADDRESS c/o Maryland		
243	02 6	UBIAL CREATION SELECTION	· Iou surs	ALL LIFE OF CELLETERY OR COST.	Table LOCATION	

23¢ NAME OF CEMETERY OR CREMATORY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

26. HOUR 11:55 M

126. KIND OF BUSINESS OR

that X (we) lost

. his Davidson Bondette

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

23b. DATE

HOSPITAL

. Aas.tt	August 3, 1969	nistal I	Jenta	
	11	•	an Dirac	
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AL eliki	19 1 January	and General Nospiral	Lens	emulting :
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	wells	Sellid Kall H		Shull
Part bird	health sitt enime			
	e of lungs.	of liver and color love to be seen to be see	acc)	
	N. C.	MILLION ALL VILLOUISE		60 /E/B
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Miles of the	43 de la 180 de 180	IA SO SEE EMPER	dye 5	Grown ill

executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital or attending physicion.

BP

DHMH - 16 50M 4/82

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours after dear with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

# STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	1-	FOR STATE REGISTRAR	DEPART	MENT OF H	ENE REG. N	0		
		CEASED NAME FIRST	MIDDLE	L	AST		MONTH DAY YEAR	2b. HOUR
	(TYPE	WALTER	Picker		0.625	8-8-8	4	652
	3. SE		1. RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 Y	AR IF UNDER 24 HRS
	1	lale	Caucasian	JUL	se 29 1927	57	YRS.	YS HOURS MIN.
ouce.	70. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	1.
ā	10	laryland	u.s.a.	WIDOWE	D DIVORCED	Daltin	pore Cit	Y, MD.
1 Stilled	10 C	allimore,	NAME OF HOSPITAL, NURSING THE NOT IN SUCH FACILITY, GIVESTREET	ADDRESSY OCC 1	or other institution	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		OF BUSINESS OR RY
Tunst be	130. 3	Ud 136 COUN			YES NO	13. STREET ADDRESS	elword A	ve 21224
exomine	14. FA	TONU	MIDDLE PISKON	-	15 MOTHER'S MAIDEN NAM	WIDOLE	Kr	LAST
medical		VAS DECEASED EVER IN U.S. AR YES, 10 OF UNKNOWN) (1F YES, GIV	MED FORCES? 16b SOCIAL SECU	JRITY NO.	Mrs. Veralla	intyk 919	S. Binne	v St21724
event, the		PART I. DEATH WAS CAUSE	lly ane couse per line for (a), (b), an D BY: TE CAUSE (a)	d (c).)	ARREST		APP BETW	OXIMATE INTERVAL EN ONSET AND DEATH
		DVIVIE DVIV	DUE TO, OR AS A CONSEQU	ENCE OF				
E A D		Canditians, if any, which	(b)					
other troumatic		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	ENCE OF				
, 0 . 0		PART 2 OTHER SIGNIFICANT (	(c)	DEATH BUT	NOT BELATED TO THE TERMAL	NAL DISEASE OF CON	IDITION GIVEN IN PAP	1 1/m
njury	NO	TAKE 2. OTTER SIGNIFICATOR	CONTINUE CONTRIBUTION	DEATH BOT	NOT RECATED TO THE TERMIN	NAL DISEASE ON COIN	DITION GIVEN IN FAR	Nu.
ws any i	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU	SES OF DEATH?
shows	ER	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	-	21c. HOW INJURY OCCURRI	YES NO	YES THE PART I OR PART	NO []
em 18		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	The state of the s	ED ( ENTER NATIONE OF INSO	ar in tight to Pant I On Pant	21
rked or Item	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	0 - 0	21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
21 is marked			tal) attended the deceased from_	D -		_, to § -8	19 84	
121			t) view the bady after death.		d that in (my) (aur) opinian d	eath occurred an the d		
WPORTANT: If them		276 SIGNATURE	Hellell	w	ATTENDING PHYSICIAN	MEDICAL STA	FF S	8-84
STANT		22d. PHYSICIAN'S NAME (TYPE C	0		22e. ADDRESS	agra-		
WPO		CAROLE	6 MILLELY	no	Francis Sco	H Key		
	23a. E	BURIAL, CREMATION, REMOVAL	23b, DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION/ CITY OR OWN!	nore County	, Mat.
4/82	24 F	UNIERAL DIRECTOR	ADDRESS.	J.	250. DATE		256 DEGISTRAR'S SIGN	ATURE MARIE
)	10	symond Raczi	Drowshi 25a	811	get Sc. AL	16 9 1984	1	1

completely filled in by the funeral s I and 2 should be filed within 72

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

executed within 24 hours after

death certificate be

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician

# STATE OF MARYLAND

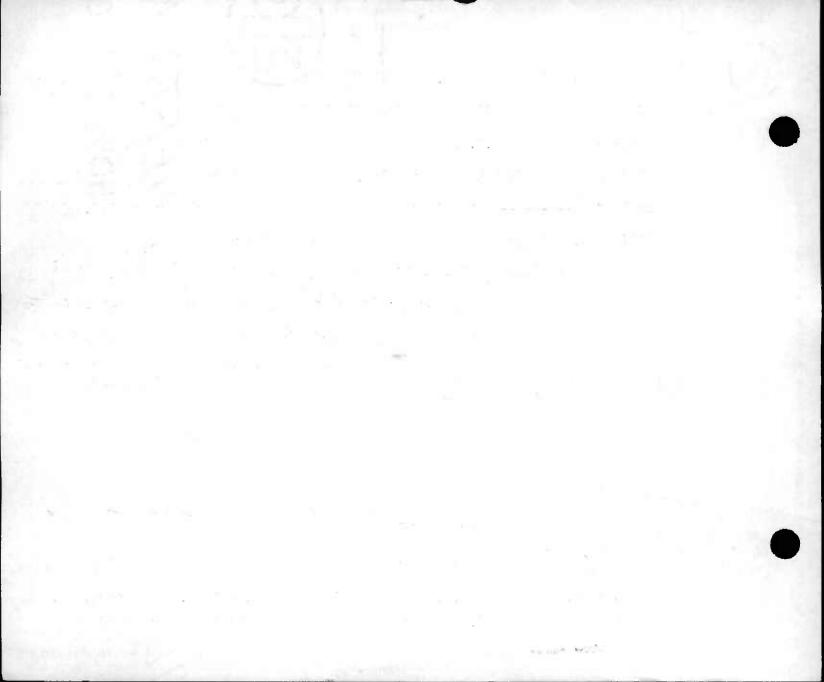
1	1	FOR	DE	PARTMENT OF F	IEALTH AND MENTAL HYGI	IENE	0.00		
	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	)		
1		CEASED NAME FIRST	AIDDLE		LAST		MONTH DA	Y YEAR	76 HOUR
П	(TYPE	Rosali	e F.	DIT	TMA N	August	26. 19	0.1	C A
ŀ	3. SE		4. RACE	5 DATE (		AUGUST  6 AGE (IN YEARS LAST BIRT	tion of the last	UNDER I YEAR	IF UNDER 24 HRS
1	J. JL.			MONT	H DAY YEAR		MO	NIHS DAYS	HOURS MIN.
ŀ	70 BI	Female  RTHPLACE (STATE OR FOREIGN	White The CITIZEN OF WHAT COU	June	25, 1917	9 BALTIMORE CITY O	YRS COUNTY O	EDEATH	
1		OUNTRY		MARRIE	D NEVER MARRIED	_	_		
2	10.01	Maryland	U.S.A.	WIDOW		Baltimor			MD.
	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE		OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O		INDUSTRY	F BUSINESS OR
0		Baltimore		Raven Blv	/d	Labor		Bank	ing
1	USU/	AL RESIDENCE (IF NURSING HOME OF			13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE		
		Maryland	Balti		YES XX NO	6401 Loch		Blvd.	21239
1	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NAM	ΛE			
			tman	51	Marv H	ladky		IAS	ī
7	16a. V	VAS DECEASED EVER IN U.S. AR.	4 11141 11	L SECURITY NO.	17 INFORMANT	ADDRE	SS Ral+	imore,	Md
	(	(IF YES, GIV	E WAR OR DATES)	03-2550	Sue Pivec 6	401 Loch Ra			21239
k					Jue Fivet of	401 LUCII Ka	ven bi		MATE INTERVAL ONSET AND DEATH
ı		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		(b), and (c).)	adial. 1.	farction	~	BETWEEN	DNSET AND DEATH
ı		IMMEDIAT	E CAUSE (o)	rugo	rouce En	yaveve.		51	ninue
ı			DUE TO, OR AS A CON	SEQUENCE OF	Variagesta	1.00		131	121112
ı		Conditions, if any, which gave rise to immediate	(b)		No percen			37	70.5
1		couse (a), stating the underlying couse lost	DUE TO, OR AS A CON	SEQUENCE OF	a Time again	lania		N	10000
1		underlying couse lost	(c)		avenue	O CORDI			400 40
1	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERMI	IN AL DISEASE OR CON	DITION GIVEN	N IN PART 1	0
╝	õ		-						
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	NGS USED OF DEATH?
	TIF					YES NOW	YES		№ □
	9	710. ACCIDENT WAS UNDERLYING	TIOUS A MA MONIT	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM TO PAR	T I OR PART 2)	
	AL	OR CONTRIBUTING CAUSE OF DEA	1164	19					
	WEDICAL	214. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	CITY OR TO	A/b.l	COUNTY	STATE
١	Z	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, O	OFFICE, FARM ETC )	ZIMEEL	CITYORIO	W15	COOM	SIRIE
i		22a.   certify that (I) (this hospi	tal) attended the deceased	from	3-13-8/10	to 6	-22 19	24	that (1) (de) lost
1		saw the deceased alive on	6-22	00//	nd that in (my) (eur) opinion d	leath occurred on the do	ite and hour c	and from the	couses stated
ı		obove, (I) (we) (did) (did no 27b, SIGNATURE	t) view the body ofter death.		DEGREE			22c. DATE	SIGNED
ı		OV OT	- lessin	5 N/I	ATTENDING	MEDICAL STAF			
4		22d PHYSICIAN SNAME (TYPE O	aumun	0 / 7 / 1	PHYSICIAN X	XDIRECTOR   PHYSIC	IAN [	_LAug_	27, 84
1		Ma PHYSICIAN SHAME (TYPE O	R PRINT)		ME ADDRESS				
		Joseph F. Pa			6608 Loch		Balt	imore,	Md
		SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	14-	GOUNTY ,	STATE
		SPECIFY) Burial	Aug 29, 84	Parkwoo	od Cemetery	Ba 1't îmore	, Mary	land	

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR PURPLE Homes, Inc.

AUG 2 8 1984 7110 Belaii Rond

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Julia Davidson-Randale



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the fushould be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORIANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the

may be

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		DEPARTM		IEALTH AND MENTAL HYG	IENE REG. N	ري ٥.	. 1 0	9 3
	CEASED NAME FIRST E OR PRINT) TAME	JAMES	W. W.	61	AND THE TE	20. DATE OF DEATH	8	3 84	26 HOUR 8:40 PM
3 SE	x Male	4. RACE White	e	5. DATE O		6. AGE (IN YEARS LAST BIR	YRS.		IF UNDER 24 HRS
	RTHPLACE (STATE OR FOREIGN COUNTRY)  nnsylvania	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D XXNEVER MARRIED	BALTIM	_		у <sub>мо.</sub>
10.C	ALTIMBLE	North (	Charles Ge	odress) enera	or other institution	120. USUAL OCCUPATION OF WORK FOR MOST OF THE CENTRAL CONTRACT OF THE CENTRACT OF THE CENTRACT OF THE CENTRAL CONTRACT OF THE CENTRAL CONTRACT OF THE CENTRAL CONTRACT OF THE	F WORKING	LIFE) INDUSTRY	
13a S		or other institution UNITY  timore	GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Lutherv:		120   110	13. STREET ADDRESS 145 Warw	ick	Drive 21	L093
	ATHER'S NAME FIRST James	MIDDLE	Plannett		15. MOTHER'S MAIDEN NA/ Elizabe	th		Hol	hider
	WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	169-03-74		Mrs Marie M.	Plannett,		As #13	21093
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per SED BY: ATE CAUSE (a)	line for (a), (b), and CARDIOR	RESPI	RATORY FAI	LURE		APPRO) BETWEEN	COMSET AND DEATH
NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN	(b)	RAS A CONSEQUEI RAS A CONSEQUEI DITRIBUTING TO D	MCE OF	OCARDIAL INF				
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH (	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	'ES, WERE FIND! TIFYING CAUSE! YES []	NGS USED S OF DEATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH	DE INJURY M. MONTH DA' M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM II	8 PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	RM ETC )	211. LOCATION STREET	CITY OR TO	wn /-	COUNTY	STATE
	170. I certify that (I) this has saw the decreased above, (I) I would did it in 22b. SIGNATURE	not; view the body	177 LON - Bri		nd that in (my) (our) opinion of DEGREE	MEDICAL STA	FF .	22c. DAJE	that (I) we lost couses stated
	228. PHYSICIAN'S NAME (TYPE	E OR PRINT)			22a. ADDRESS	DIRECTOR PHYSIC			HOSP.
230	BURIAL, CREMATION, REMOV. (SPECIFY) Burial	23b. DATE 8-6-8			CEMETERY OR CREMATORY  Valley Mem. (	23d LOCATION CITY OF TOWN Gards. Cod	ckevs	county sville!	Balto. Mo
24 F	uneral director uck Towson Fun	eral Home		1050	Manale Da 250 DAT	E REC'D. BY REGISTRAR	256 REGI	Day door	Mindall

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

Back Towson Penegral House, Inc. Towner, Md. 27254 M No. 8 Birk

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

retained by the haspital or attending physician.

TO HOSPITAL

BP.

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FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO.

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	REGISTRAR				CERTITI	CAIL OI DEA		REG. N	10.				
	CEASED NAME	FIRST	WIDDE		LA	51		20. DATE OF DEATH	MONTH	OAY Y	EAR	2b. HOL	JR
,,,,,	CORPRINT	CARRIE	LOU	ISE	POW	ELL			8	30	84	9:50	O AM
3. SE	X	4. 1	RACE		5. DATE O	F BIRTH	VEAR 6	AGE (IN YEARS LAST 8	RTHDAY)	IF UNDER	1 YEAR DAYS	IF UNDER	74 HRS
1	tom	ALC	Blac	7	NAI	1 17 19	139	44	YRS		DAILS	HOURS	Miles.
	IRTHPLACE (STATE	E OR FOREIGN 76	CITIZEN OF WHA	T COUNTRY?	8 MARRIED	NEVER MAR	RIED 7	BALTIMORE CITY	OR COUN	TY OF DEA	TH	1	
	ma	, (	1 isiA		WIDOWE	. 1		BAL	Lin	0,-0	C	ite	MD.
10 C	ITY OR TOWN OF	DEATH 11.	NAME OF HOSE			R OTHER INSTITU	TION I	2a USUAL OCCUPA		12b. K		F BUSIN	SSOR
16	ALTI	mone	ST	AGM	es	HOSP	+	Dam	057	ic.	JIKI	_ ′	
130 S	AL RESIDENCE IF	NURSING HOME OF OTH	ER INSTITUTION GIVE	CITY OF TOW	ADMISSION)	134 INSIDE CITY	LIMITS?	3e STREET ADDRESS	/ 7IP CC	DDE /	,		
	ma	HOW	Ard 4	Seed	ONIE	YES NO		19796	DAIS	w Rd	2	.17	197
M. FA	ATHER'S NAME	MIDI	Die	LAST	,	15. MOTHER'S MA	AIDEN HAME	E MIDDLE		7	0 144		,
V		2NICO E	-dwaml	R	1995	SALL	10	Luc	LLO	,	57	B-A	ITONI
	WAS DECEASED E	VER IN U.S. ARME		SOCIAL SECU	RITY MO.	17 INFORMANT		ADDI	RESS	wood	The	ne,1	ma
1	YES, NO OR UNKNOWN	(IF YES, GIVE W	AR OR DATES	13-36	1519	ALONZ	AA	Towell,	Sr /	979	Di	AISU	Rd
	18 CAUSE OF D	EATH (Enter only o	one couse per line	for (a), (b), and	d (c)					BF.	APPROXIM	MATE PATE	RVAL
	PART I. DEAT	H WAS CAUSED B	Y <sub>1</sub>		CEM	IA					190	16.6	
		MMEDIATE		A CONSEQUE	NICE OF				h- 11.			1176	THE R
	Conditions, if	any, which	(b) A C	UTE	PY	SNOTZ	PHRI	715					
	gave rise to	immediate	DUE TO, OR AS					,			77		
	underlying co			NAL		BLADDE.	R CA	ALCULI			705		
	PART 2 OTHER	SIGNIFICANT COM	UDITIONS CONTE	RIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CO	VDITION (	GIVEN IN PA	ART Ito	31	
O N	M	ULTIPL	2 3	CLERU	2120								
CERTIFICATION	19a DATE OF OP	ERATION	196 CONDITION	FOR WHICH	OPERATION	WAS PERFORM	ED	20a AUTOPSY?		YES, WERE			
Z E								YES NO		YES 🗌		NO [	
	218. ACCIDENT WAS	CAUSE OF DEATH	216. TIME OF IN.		Y YEAR	21c. HOW INJUR	Y OCCURRE	D (ENTER NATURE OF IN	URY IN ITEM	18 PART I OR P	AR1 2}		
CAL		MEDICAL EXAMINER)	P.M.		19				177	700			
MEDICAL	21d INJURY OCC		21e PLACE OF IN		ARM ETC 1	21f. LOCATION		CITY OR I	OWN	cou	VIY		STATE
1	AF WORK A	I WORK											
		it (1) (this hospital)	attended the de	ceosed from_				, to	VIII-Y	. 19			
		ceased alive on ve) (did) (did not) v	iew the body after	death.	, on	d that in (my) (ou	r) opinion de	eath occurred on the	date and h	nour and fro	m the c	couses st	ated
1	22b. SIGNATURE	50 O	0110			DEGREE	NDING	MEDICAL ST.	AFF	221.	DATE S	SIGNED	
	Mu	charl 1	rele	m	N	PHY PHY		DIRECTOR PHYS		18	130	0/8	4
	22d PHYSICIAN	S NAME (TYPE OR PR	HNT	-	0	22e ADDRESS		16	) /	-			
	DR_W	VOR BETTA	MICHA	12,1	2/919	P			サイ	IIM	100	2	
23a.	BURIAL, CREMATI	ON, REMOVAL	23b. DATE	23c N	NAME OF CE	METERY OR CRE	MATORY	23d. LOCATION		COUNTY		2	STATE .
	Burin	-4	9-4-1	184 D	DIS	4 Uno	hund		F	LOWF	מיני	/	mo
24 F	UNERAL DIRECTO	OR 112 111	10	Manor S	NX	Appli	S ISa. DATE	REC'D. BY REGISTRA	R 25 REG	ISTRAR'S S	GNATI	URE	N
0	16. H	icks	1422	- tor	es/1	2180	JOER	0 1984	- MARI	MEARING AND	mille	BACO CO	7

DHMH - 16 50M 4/83 (VRA 15, 4)

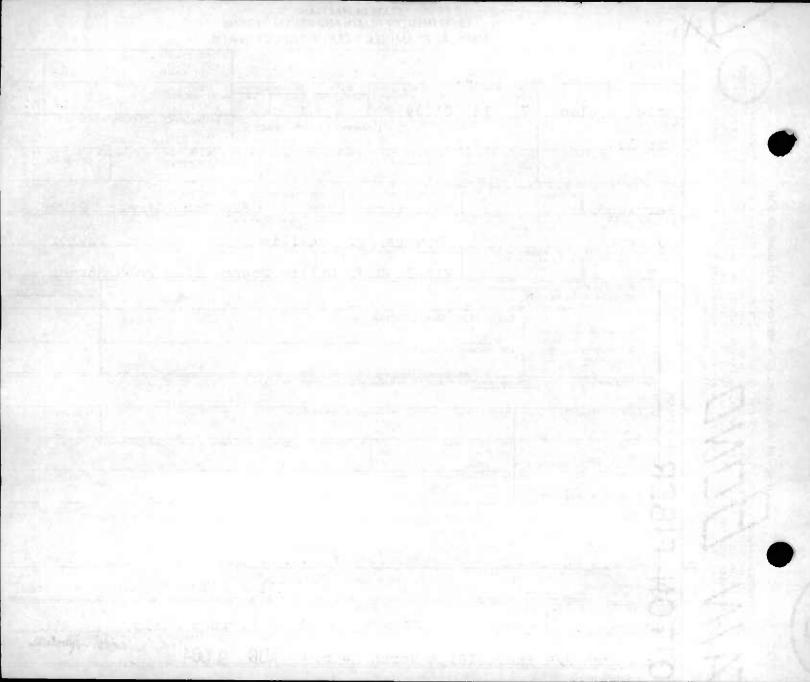
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IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the

8 30 8 9:50 1 CHRIS CONTRA TOWNER 7570 Female Block Wall 17 1939 SALTING G. E. A STATE OF THE STA 1974 Howard 1979 X 1979 Day 1997 CLARATED CHARA - PROSE SHARE AND STREET CONTRACTOR State 75 to prove a trouble 1992 Consult TOTAL BUILDING na. comment of the fit let have Sente and water the Party State of the THE STATE OF THE SECOND THE SECON

20M 4/82

STATE OF MARYLAND



# ATTENDING PHYSICIAN, The

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1-	STATE REGISTRAR	DEI ARTE		ICATE OF DEATH	REG. N	0.		
		CEASED NAME FIRST HELEN	WIDDLE	PRES	TON	8-211-84		YEAR	1230 P
		FEMA LE	RACE BLACK	5. DATE (	DAY YEAR	6. AGE (INYEARS LAST BIR		UNDER I YEAR	HOURS MIN.
)		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	WIDOWE		Baltimore city of		FDEATH	MD.
1	B	TY OR JOWN OF DEATH	11. NAME OF HOSPITAL, NUITSIN	ARI	AEOGA SE	120 USUAL OCCUPAT		126 KIND O INDUSTRY	F BUSINESS OR
	1300	nao		N .	YES NO [	1909t	·SA	CAŁO	GA Sto
9	M	IIIC	Edward	15	ESIE	Coffee	ld	LAS	
		VAS DECEASED EVER IN U.S. AR. (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 3 19-30	0-09	Mother	19091	U. SA	RAti	MAS
		PART I. DE ATH WAS CAUSE	ly ane cause per line far (a) (b) and D BY: E CAUSE (o)	ICER	Colo.	V		BETWEEN	MAIE IN TERVAL
		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	Wel-	to Brain	\$ LUNG			
		couse (a), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE						
/4	TION		onditions <u>contributing to </u>		1 1				
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		YES NO	20b. IF YES, WIN CERTIFYIN YES [	NG CAUSES	OF DEATH?
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART	I OR PART 21	
	MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F.	ARM, ETC )	21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		saw the deceased olive on above, (1) (we) (did) (did na	al) attended the deceosed fram		nd that in (my) (our) opinion	death occurred on the de	t 19.	nd from the c	tha (II) we) last causes stated
		274 SIGNATOR and	in Kom	wi		MEDICAL STA	FF CIAN []	276	SIGNED 4
		CAUDIO	LEJIN		10219 S	, Dolfield	Ro,	MID	y's mils

hould be detached for us with the State Dept, of He-

MPOSTANT, IF IS

DHMH - 16 50M 1/81 (VRA 15, 4)

THE PROPERTY OF THE PROPERTY O William a Edwards it is ideal to be the the Sanda Sand 4 may be

executed within 24 hours ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGRENE CERTIFICATE OF DEATH

DEC NO

0

	REGISTRAR		CERTII	ICAIL OI DEATH	REG. NO	O
	CEASED NAME FIRST		MIDDLE DO CO	LAST	20. DATE OF DEATH	MONTH DAY YEAR 18 HOUR
(	NETT	IE	MES	TON	8	110/84 45
3 SE	X	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIR	
	-	134	ACK NO	v. 4,1887	96	YRS. MONTHS DAYS HOURS A
	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
	Md.	U.S			BATT.	CITY
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPATE	
- 1	Baltimore		Mannor 2525	W. Belvedere	Retired	
	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION		1134. INSIDE CITY LIMITS?	13e STREET ADDRESS	213
134	Md.		Baltimore	YES X NO		Belvedere Ave.
14. F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME	
	Tom Higgins	MIDDLE	LASI	Elizebet	h Higgins	(ASI
16a \	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS
(	(1F YES, GI	VE WAR OR DATES)	212-76-3461	Dorothy Thom	pson,516 9tl	St. Laurel Md.
	18 CAUSE OF DEATH (Enter of	nly one couse per	line for (g), (b), and (c).1			APPROXIMATE INTERVA BETWEEN ONSET AND DE
	PART 1. DEATH WAS CAUSE		ARTS9105	CLEROSIS		
- 6	IMMEDIA		7			
	C 492 4 111	DUE TO, O	R AS A CONSEQUENCE OF			
	Conditions, if ony, which	(p)_				
	couse (o), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUENCE OF			
	didenying couse lost.	( (c)				
7	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
CERTIFICATION						Tell or use tilses succession
ICA	19a DATE OF OPERATION	196. COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
RTIF					YES NO	YES NO
CEI	21a. ACCIDENT WAS UNDERLYING	LIOUS A	OF INJURY .M. MONTH DAY YEAR	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM TE PART ( OR PART 2)
CAL	OR CONTRIBUTING CAUSE OF DE	AIII	.M. 19			
MEDICAL	214 INJURY OCCURRED		OF INJURY	21f LOCATION	CITY OR TO	wn COUNTY STAT
¥	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FARM, ETC.)	STREET		
	22a.1 certify that (I) (this hosp	ital) attended th	e deceased from MF	77 24 19 79	to AUG.	10. 19 34 , that (1) (ma)
	saw the deceased alive or		17 1984	nd that in (my) (and) opinion	death occurred on the de	ate and hour and from the causes state
	obove, (I) (auchicald) (did no	yiew the body	otter death.	DEGREE	1	224. DATE SIGNED
	110. SICHMISHE		0 1	ATTENDING	MEDICAL STAL	e of a he
	HZ-A	Su -	1	PHY		
	fra 1	OR PRINT)	here !	PHY 22e. ADDRESS		IAN 8/13/8
	224 PHYSICIAN'S NAME (TYPE		The MO	PHY		
	224 PHYSICIAN'S NAME (TYPE	UNSH	WE, MD	27e. ADDRESS	CORE MO 21215	
	BURIAL, CREMATION, REMOVAL	UNSH 236. DATE	23c NAME OF	PHY		COUNTY STATE
	224 PHYSICIAN'S NAME (TYPE	UNSH	23c NAME OF	22e ADDRESS CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	L 15/13/8

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cemplerery tilled in by should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages and 2 should be linearish the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

Law Funeral 4611 Park Heights Ave. 21

21215

6116 1 4 1984 gine Devices - Marie 10

AND SAMEDORE, M.S. WILDERSON, WEIGHTS AND SALTIDORIE, MD 22215

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page retained by the haspital or attending physician.

BP\_\_\_\_\_\_ DHMH - 16 50M 4/82

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

1	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO.	6 9 9
	DECEASED NAME FIRST (YPE OR PRINT)	WIDDLE	l	PRINCE	0 1.	4 84
3. 5	FEMALE	4. RACE BLACK	5. DATE C		64 yrs.	FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
SI	BALTO MD	76 CITIZEN OF WHAT COUNTRY	MARRIE		BALTIMORE CITY OR COUNTY O	M
oc I	BALTO.	11. NAME OF HOSPITAL, NURSI 3402 HAYWARD	AVE.	DR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
5 130	SUAL RESIDENCE (IF NURSING HOME O a. STATE  13b COU  13b COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY BALT(	NN.	13d. INSIDE CITY LIMITS? YES MO		Ave. 21215
14.	FATHER'S NAME JAMES	CRAIG		NORA FIRST	MIDDLE	LAST
160	O. WAS DECEASED EVER IN U.S. AL	RMED FORCES? 16b. SOCIAL SEC	URITY NO.	MARION JAR	VIS 3402 HAYWA	RD AVE. 212  BAPPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
NOTA DISTRIBUTION		CONDITIONS CONTRIBUTING TO			MINAL DISEASE OR CONDITION GIVE  200 AUTOPSY?  20b. IF YES, IN CERTIFY	WERE FINDINGS USED
1.2	OR CONTRIBUTING ALISE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	YES NO YES	
ACIONA	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	, FARM, ETC }	211. LOCATION (	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this hasp	oital) attended the deceased from not view the body after death.		nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	death accurred on the date and hour  MEDICAL STAFF DIRECTOR PHYSICIAN	9 , that (I) (we) loand from the causes stated  22c. DATE SIGNED  8/15/84
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		333 S	T. Paul Place	Ballo. W
24	BURIAL  SMCBURIAL  FUNERAL DIRECTOR  MANIE  FROY O. DYETT	23b DATE 23c X	ING M	EMORIAL PA	BALTO MA	COUNTY STATE

THE STATE OF THE PARTY OF THE P

FOR STATE

STATE OF MARYLAND	STA	TE OF	MARYL	AND
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DEPARTM

2	1	U	U

ENT	OF	HEA	LTH	AND	MENTAL	HYGIE
CE	RTI	FIC	ATE	OF	DEATH	

REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.
1. DECEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
DONA	W	PRINCE		8-16-84 7-35-1
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	
male	black	10 18 03	80	MONTHS DATE HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	RY? 8.	9 BALTIMORE CITY O	R COUNTY OF DEATH
Illinois	U.S.A.	MARRIED NEVER MARRIED	BALTIN	TORE CITY MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 12h KIND OF BUSINESS OR
BALTIMORE	PROVIDENT		(TYPE OF WORK FOR MOST C	F WORKING LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME 130 STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEF	FORE ADMISSION)	13e STREET ADDRESS	
Maryland	Balti			dsor Ave. 21216
14 FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN	MIDDLE	LAST
160 WAS DECEASED EVER IN U.S. A		CURITY NO. 17. INFORMANT	ADDRE	Wash., DC 20003
(YES NO OR UNKNOWN) (1F YES C	216-0	5-5160A Esther	Abber 703 1	7th Street S E
18 CALISE OF DEATH STATE	only one cause per line for (a), (b),		ioney 705 I	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	SED BY.			BETWEEN ONSET AND DEATH
IMMEDI	ATE CAUSE (o) CARIJI	C AFFE 13)		
	DUE TO, OR AS A CONSEC	QUENCE OF	nor	
Conditions, if ony, which gove rise to immediate	(b) ALMER	OSCLEROTIC DISE	HSL	
cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC			
		PERTENSION		
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TE	rminal disease or con	DITION GIVEN IN PART 1 a
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				
5 190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
RIFE			YES NO	YES NO
	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2}
OR CONTRIBUTING CAUSE OF D	EATH	19		
OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN  21d. IN JURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFIC	CE FARM ETC ) STREET	CITY OR TO	WN COUNTY STATE
220.1 certify that (1) (this has	pital) attended the deceased from	n S-13- 19	4 10 6-11	, 19 4 , that (I) (we) lost
sow the deceased alive a	on 8 16-84 19	, and that in (my) (our) apinio	on death occurred on the de	te and hour and from the couses stated
22b. SIGNATURE		DEGREE		224 DATE SIGNED
kouten 1	4. Halter	M.D ATTENDING		
22d. PHYSICIAN'S NAME (TYPE	OR PRINT}	22e ADDRESS Q	a libertu	11 L M.
KRISHAN	M. MATHU	Rest uni	2 1 1 1/4	חון הייכ
230 BURIAL, CREMATION, REMOVA	L 23b DATE 23	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	
BURIAL		Garrison Forest		Mills COUNTY MATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

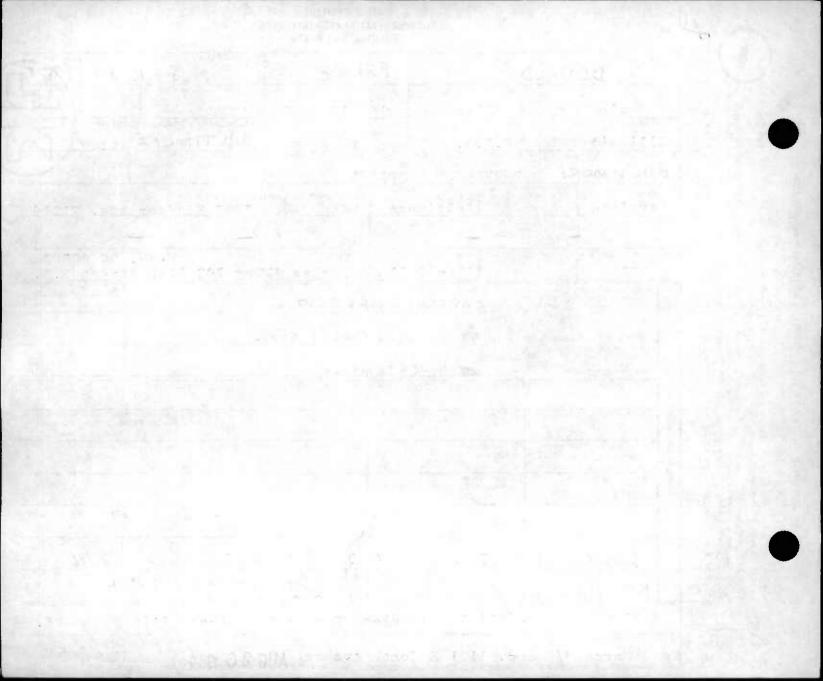
BP.

TO FUNERAL DIRECTOR, After this certificate has been signed be should be detached for use as the buriol-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial.

IMPORTANT: If Item 21 is marked or Item 18 shows

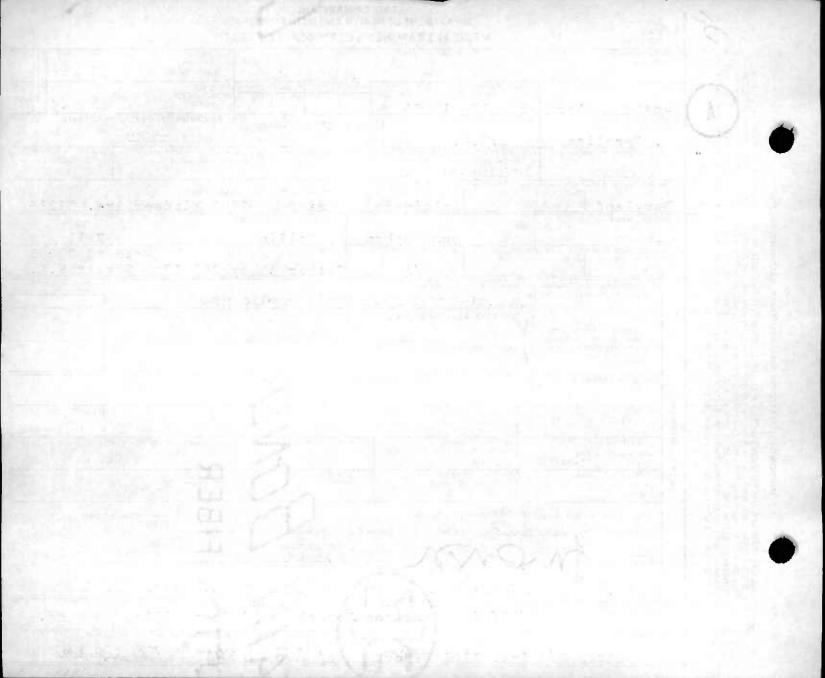
Wm C March F/H Inc. 1101  $\stackrel{\text{ADDRESS}}{E}$  North Avenue

ALIG 2.0 1984 " Lavidson-Rendelle



20M 4/B2

	CEASED NA	AME	FIRST	100.5	M	NIDDLE			LAST			20 DATE			MONTH	DAY	YEAR
			INEZ						RINCE				MATE	D K	8		19 8
2. SE	*	4. RA	CE	DATE OF B	DAY	YEAR	6. AGE (IN YE LAST BIRTHE		DER 1 YR.	IF UNDE	R 24 HRS	2c. DAT	INCED	٨	MONTH	DAY	YEAR
	male		lack	6 76 CITIZEN C	17	10		RS.				9 BALTI		TTV OD	8	13	19 8
	IRTHPLACE DREIGN COUNT	RY)	200			COUN	IRY?		ED XXNE		-			_			EAIH
10 C	. Ca	roli	na		S.A	AL NIIP	SING HOM	WIDOW		DIVOR		Ba J	tim			g/a	ND OF F
	Balti	more		2802 T	Wind	SOL SOL	REET ADDRESS) AVE.					AOST OF WO			T VY ONK		INDUS
13a. S	STATE		13b. COUNT		1	3c. CITY	OR TOWN		13d INSIDE C	ITY LIMITS?							
	laryl					Ba1	timor	e	YESXX			02	Wind	dsor	r A	ve.	21
14.1	ATHER'S NA			MIDDLE			AST		F	FIRST	EN NAME		MIDDLE				LAST
1An Y	Rube		R IN U.S. ARM	ED EOPCES?			mingh		S 17. INFOR	alli	е		ADD	RESS.		Ha	
(1	res, no, or un	KNOWN)	(IF YES, GIVE W	AR OR DATES)				11 140.			1.1.	7.0		ORESW &			
-	NO	E OE DE A	TH (Enter anly	000.00	ar lia a f		N/A		Esth	er A	oney	/0	3 1 /	/ tn	St		PROXIMA
	PART	DEATH		BY: CAUSE (o)				tic c	ardio	waser	lar o	disea	920			BETV	VEFNON
- 4			IMMEDIATE				SEQUENCE		aruio	vasce	ital (	11300	150		-		
100	Cond	itions if	ony, which														
				1													
	gove	rise to	immediate g the under-	(b)_	O, OR AS	A CON	SEQUENCE	OF									
	gove	rise to	immediate g the <u>under-</u>	DUE TO	O, OR AS	A CON	SEQUENCE	OF							724		
z	gave cause lying	rise to (a) statin cause last	immediate g the <u>under-</u>	DUE TO					E OR CONDITIO	N GIVEN IN P	ART 1 (a)						
ATION	gave cause lying	rise to (a) statin cause last R SIGNIFICA	immediate g the <u>under</u>	(c)_DHTRIBUTING TO	DEATH BUT	NOT RELAT		MINAL DISEAS			ART 1 (a).					20 A	UTOPS
IFICATION	gove cause lying PART 2 OTHI	rise to (a) statin cause last R SIGNIFICA	immediate g the <u>under</u>	(c)_DHTRIBUTING TO	DEATH BUT	NOT RELAT	TEO TO THE TERM	MINAL DISEAS			ART 1 (a).						
AL CERTIFICATION	gove cause lying PART 2 OTHI 190. DATE 210 EXTER	rise to (a) statin cause lass  R SIGNIFICA  OF OPER	immediate g the <u>under</u> NT (ONOITIONS (I	DUE TO  (c)  ONTRIBUTING TO  19b. CC	ORATH BUT ONDITIO ME OF IN R A.M. A	NOT RELATED FOR V	TEO TO THE TERM	MINAL DISEAS RATION W		RMED?	J	NATURE OF I	njury in it	TEM 18 PAR	RT I OR PA		
	PART 2 OTHI	rise to (a) statin cause last  R SIGNIFICA  OF OPER  RNAL CAL ING  UITING	immediate g the under-	DUE TO  (c) _  DIVERBUTING TO  19b. CC  21b. TIM HOUSE	OFATH BUT	NOT RELATED N FOR V	VHICH OPE	RATION W	'AS PERFOR	RMED?	J	NATURE OF 1	njury in it	TEM 18 PAR	RT I OR PA		
MEDICAL CERTIFICATION	gove cause lying PART 2 OTHI 190. DATE 210 EXTER	rise to (a) statin cause last  R SIGNIFICA  OF OPER  RNAL CAL ING  UITING	immediate g the under-	DUE TO  (c) _  ONTRIBUTING TO  19b. CO  21b. TIA  HOUSE	ORATH BUT ONDITIO ME OF IN R A.M. A P.M.	NOT RELATED FOR V	VHICH OPEI  DAY YEA  19 (AT HOME.	RATION W	AS PERFOR	RMED?	ED (ENTER)	NATURE OF 1		TEM 18 PART			.UTOPS
	PART 2 OTHI 190. DATE 210 EXTER UNDERLY CONTRIB 21d INJUR WHILE AT WORK	rise to (a) statin cause last  R SIGNIFICA  OF OPER  RNAL CAL ING UTING UTING AT N	immediate g the under-	DUE TO  (c)	OEATH BUT ONDITIO ME OF IN R A.M. A P.M. ACE OF ET. FACTOR)	NOT RELATED TO FOR VIOLENT ACOUSTIC	VHICH OPEN DAY YEA 19 (AT HOME.	RATION W	OW INJURY	RMED?	ED (ENTER)		OWN			ART 2)	
	PART 2 OTHI 190. DATE 210 EXTE UNDERLY CONTRIB 21d INJUR WHILE AT WORK	rise to (a) statin cause last  R SIGNIFICA  OF OPER  RNAL CAL ING UTING UTING AT N	INT (ONOITIONS (CONOITIONS CONOITIONS CONOIT	DUE TO  (c) _  DIVERBUTING TO  19b. CC  21b. TIM HOUSE EATH  21e PL STREE	OF ATH BUT ONDITIO ME OF IN R A.M. A P.M. ACE OF ET. FACTOR	NOT RELATED TO FOR VIOLENT ACOUSTIC	DAY YEA  19 (AT HOME. C.)	RATION W	OW INJURY	OCCURR	ED LENTER!	СПУ OR T	own		cc	ART 2)	
	PART 2 OTHI 19a. DATE 21a EXTER UNDERLY CONTRIB 21d INJUR WHILE AT WORK	rise to (a) statin cause last  R SIGNIFICA  OF OPER  RNAL CAL ING UTING PY OCCUP AT 1	INT (ONOITIONS (CONOITIONS CONOITIONS CONOIT	DUE TO  (c)  DIVERBUTING TO  19% CO  21% TIA HOUF STREET	OF ATH BUT ONDITIO ME OF IN R A.M. A P.M. ACE OF ET. FACTOR	NOT RELATED TO FOR VIOLENT ACOUNTY INJURY Y. FARM, ET	DAY YEA  19 (AT HOME. C.)	RATION W 21c. Hc 21f. LO	CATION  Sty Homic  Title (s	OCCURR  Inspecticular  SPECIFY)	ED (ENTER!	CITY OR T	own		co	OUNTY	YES 🗆
	PART 2 OTHI 190. DATE 210 EXTE UNDERLY CONTRIB 21d INJUR WHILE AT WORK	rise to (a) stating cause last of OPER RNAL CALLING UTING NO AT V	INT (ONOITIONS (CONOITIONS CONOITIONS CONOIT	DUE TO  (c)  DIVERBUTING TO  19% CO  21% TIA HOUF STREET	OF ATH BUT ONDITIO ME OF IN R A.M. A P.M. ACE OF ET. FACTOR	NOT RELATED TO FOR VIOLENT ACOUNTY INJURY Y. FARM, ET	DAY YEA  19 (AT HOME. C.)	RATION W 21c. Hc 21f. LO	CATION  Sty Homic  Title (s	Inspects	ED (ENTER I	CITY OR T	own y , nonner		cc	OUNTY	YES
MEDICAL	PART 2 OTHI  190. DATE  210 EXTE! UNDERLY CONTRIB  21d INJUR WHILE AT WORK  220. 1 c death re	rise to (a) stating cause last R SIGNIFICA  OF OPER  RNAL CALING UTING UTING TY OCCUITY OCCUIT	IMMEDIATE OF DE LE LA CHARGE OF DE L	DUE TO  (c)  DIVERBUTING TO  19% CO  21% TIA HOUF EATH  21e PL STREET  of the remain courses [X]	OF ATH BUT  ONDITIO  ME OF IN R A.M. M P.M.  ACE OF ET, FACTOR)	NOT RELATION FOR V	DAY YEA  19  (AT HOME.  C.)	RATION W  21r. Hr  21f. LO	CATION  Sty Homic  TITLE (S.D. ASS.	Inspects cide SPECIFY) istar	on K), Under	Inquire crimined r	own  y nonner  MINER  Balt	and II	DATE SIGNI	DUNTY pinian	



FOR - STATE REGISTRAR

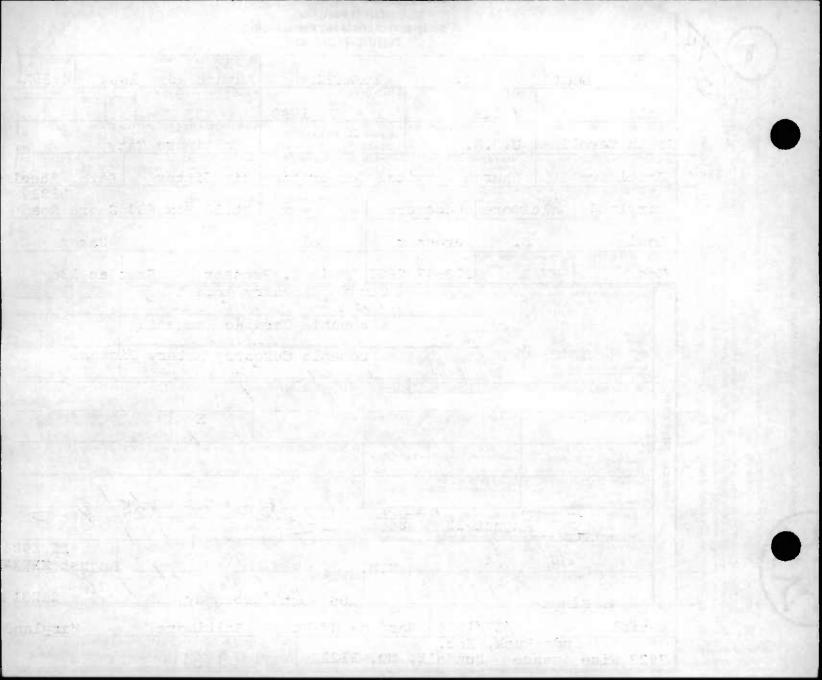
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

	CEASED NAME FIRST	M	AIDDLE	LA	151	20. DATE OF DEATH	MONIH D	AY YEAR	26 HOUR
(ITTE	LOUIS		B.	PF	ROSSER	August 2	5 1	984	4:55A
3. SEX		RACE		5. DATE OF		6. AGE (IN YEARS LAST BH	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Ma	ale	White		3	7 1899	85	YRS	ONIHS. DAYS	HOURS MIN.
7a. BIF	RTHPLACE (STATE OR FOREIGN 78	. CITIZEN OF V	WHAT COUNTRY?	8.	■ NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	13/1/10
Soi	uth Carolina	U.S.A		WIDOWED		Baltimo	re Ci	ty	M
10 CIT	ITY OR TOWN OF DEATH		OSPITAL, NURSIN	IG HOME OF	R OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
Ba	altimore	Churc	h Hospi	tal (	Corporation	Pipefitt	er		. Stee
USUA 130 S	AL RESIDENCE (IF NURSING HOME OF O	THER INSTITUTION,	GIVE RESIDENCE BEFORE	E ADMISSION)	13d. INSIDE CITY LIMITS?				21219
		imore	Edgeme		YES NO X	Rt.10 Bo	x 634	Shor	e Road
	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME			
Lo		B.	Prosse	r	Eola	MIDDLE		Bak	
16a W	WAS DECEASED EVER IN U.S. ARM		166 SOCIAL SECU	-	17. INFORMANT	ADDR	ESS		-
YE	YES, NO OR UNKNOWN) (IF YES, GIVE )	WAR OR DATES)	213-07-	9687	Louis S. E	rosser	Sam	ne as	13e
									MATE INTERVAL ONSET AND DEATH
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:	line for (61, (6), One	081	dishul -	nall ass	est	BETWEEN	ONSET AND DEATH
			1	and	1100000	- wy as	WII		
	IMMEDIATE	CAUSE (a)		Dy		dida Tooh	ami a		
		DUE TO, OR	11 1/11/		cobable Car	diac Isch	emia		
	Conditions, if any, which	DUE TO, OR	Pro 6(3) C	asd	cobable Car	alma		4	tork
	Conditions, if ony, which gove rise to immediate couse to), stating the	DUE TO, OR	Pro 6(3) C	asd ENCE OF PT	cobable Car cobable Cor	opary Art	ery D	iseas	e
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR  (b)  DUE TO, OR  (c)	Pro 6(3) C AS A CONSEQUE Pro (0 3)	ence of Pr	cobable Car cobable Cor ronasy as	opary Art	ery D		
Z	Conditions, if ony, which gove rise to immediate couse to), stating the	DUE TO, OR  (b)  DUE TO, OR  (c)	Pro 6(3) C AS A CONSEQUE Pro (0 3)	ence of Pr	cobable Car cobable Cor ronasy as	opary Art	ery D		
NOIL	Conditions, if ony, which gove rise to immediate couse to), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR  (c)  DUE TO, OR  (c)  DIVIDITIONS CO	Pro 6(3) Conseque Fro (6 (3)	ENCE OF PT	cobable Car cobable Cor ronary CS	onary Art  Lisy Mis  AINAYDISEASE OR CON	ery D	N IN PART 10	3,
ICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR  (c)  DUE TO, OR  (c)  DIVIDITIONS CO	Pro 6(3) Conseque Fro (6 (3)	ENCE OF PT	cobable Car cobable Cor ronasy as	opary Art	ery D		4GS USED
RTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO.	DUE TO, OR    b) //   DUE TO, OR   (c)	POO (6(3) CONSEQUE POO (6(3) ONTRIBUTING TO D	ENCE OF PT	cobable Car cobable Cor you asy as NOT RELAYED TO THE TERM	conary Art they des Almayoisease or con  200 autops YES \cap NOTE	ery D	WERE FINDING CAUSES	4GS USED
CERTIFIC	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	DUE TO, OR    b) //   DUE TO, OR   (c)   DUDITIONS CO	Pro 6(3) C R AS A CONSEQUE Pro (3) ONTRIBUTING TO D TION FOR WHICH	DEATH BUT N	cobable Car cobable Cor ronary CS	conary Art they des Almayoisease or con  200 autops YES \cap NOTE	ery D	WERE FINDING CAUSES	IGS USED OF DEATH?
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO.	DUE TO, OR    b) //   DUE TO, OR   (c)   DUDITIONS CO	FINJURY M. MONTH DA	DEATH BUT N	cobable Car cobable Cor you asy as NOT RELAYED TO THE TERM	conary Art they des Almayoisease or con  200 autops YES \cap NOTE	ery D	WERE FINDING CAUSES	IGS USED OF DEATH?
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO.  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR    b) //   DUE TO, OR   (c) //   DUE TO, OR   (d) //   Place OR	R AS A CONSEQUE POLE S ONTRIBUTING TO D TION FOR WHICH I FINJURY M. MONTH DA M. DE INJURY	DEATH BUT NO OPERATION  AY YEAR  19	cobable Car cobable Cor youngy CS NOT RELAYED TO THE TERM WAS PERFORMED  21c. HOW INJURY OCCUR 211. LOCATION	conary Art they des Almayoisease or con  200 autops YES \cap NOTE	ery D Lax 200. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	IGS USED OF DEATH?
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	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  WHILE ATWORK ATWORK  22a. I certify that 16 fifths hospital  22a. I certify that 16 fifths hospital	DUE TO, OR    b) //   DUE TO, OR   (c) //   DNDITIONS CO    196. CONDITIONS CO    216. TIME OF HOUR A.A.   P.A.   216. PLACE C   (AT HOME, SIRE)   (AT HOME,	FINJURY M. MONTH DA M. DE INJURY DE LACTORY, OFFICE, FACTORY, OFFICE, FACT	DEATH BUT IN OPERATION  AY YEAR  19  FARM ETC!	cobable Car cobable Cor ronary CS NOT RELAYED TO THE TERM WAS PERFORMED  211. HOW INJURY OCCUR 211. LOCATION STREET	ODATY ART  CONATY AUTO  200 AUTOPS  YES   NOT  RED (ENTER NATURE OF INJUNE  CITY OR TO  AUTOPS  AUTOPS  CITY OR TO  AUTOPS  AUTOPS  AUTOPS  CITY OR TO  AUTOPS   ery D  LA M  200. IF YES, IN CERTIFY YES  JRY IN ITEM 18 PA	WERE FINDING CAUSES	IGS USED OF DEATH? NO  STATE	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  WHILE ATWORK ATWORK  22a. I certify that 16 fifths hospital  22a. I certify that 16 fifths hospital	DUE TO, OR    b) //   DUE TO, OR   (c) //   DNDITIONS CO    196. CONDITIONS CO    216. TIME OF HOUR A.A.   P.A.   216. PLACE C   (AT HOME, SIRE)   (AT HOME,	FINJURY M. MONTH DA M. DE INJURY DE LACTORY, OFFICE, FACTORY, OFFICE, FACT	DEATH BUT IN OPERATION  AY YEAR  19  FARM ETC!	cobable Car cobable Cor ronary CS NOT RELAYED TO THE TERM WAS PERFORMED  211. HOW INJURY OCCUR 211. LOCATION STREET	ODATY ART  CONATY AUTO  200 AUTOPS  YES   NOT  RED (ENTER NATURE OF INJUNE  CITY OR TO  AUTOPS  AUTOPS  CITY OR TO  AUTOPS  AUTOPS  AUTOPS  CITY OR TO  AUTOPS   ery D  LA M  200. IF YES, IN CERTIFY YES  JRY IN ITEM 18 PA	WERE FINDING CAUSES	IGS USED OF DEATH? NO  STATE	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER). 21d INJURY OCCURRED  WHILE AT WORK AT WORK	DUE TO, OR    b) //   DUE TO, OR   (c) //   DNDITIONS CO    196. CONDITIONS CO    216. TIME OF HOUR A.A.   P.A.   216. PLACE C   (AT HOME, SIRE)   (AT HOME,	FINJURY M. MONTH DA M. DE INJURY DE LACTORY, OFFICE, FACTORY, OFFICE, FACT	DEATH BUT N  OPERATION  AY YEAR  19  FARM ETC 1  19  19  19  19  19  19  19  19  19	cobable Car cobable Cor youngy OS NOT RELAYED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUR 21l. LOCATION STREET 21l. LOCATION STREET 406 406 406 406 406 406 406 406 406 406	ODATY ART  CONATY AUTO  200 AUTOPS  YES   NOT  RED (ENTER NATURE OF INJUNE  CITY OR TO  AUTOPS  AUTOPS  CITY OR TO  AUTOPS  AUTOPS  AUTOPS  CITY OR TO  AUTOPS   ery D  LA M  200. IF YES, IN CERTIFY YES  JRY IN ITEM 18 PA	WERE FINDING CAUSES	STATE	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that but fithis hospito saw the deceased dive on above (41) well didn. diebygo.	DUE TO, OR    b) //   DUE TO, OR   (c) //   DNDITIONS CO    196. CONDITIONS CO    216. TIME OF HOUR A.A.   P.A.   216. PLACE C   (AT HOME, SIRE)   (AT HOME,	FINJURY M. MONTH DA M. DE INJURY DE LACTORY, OFFICE, FACTORY, OFFICE, FACT	DEATH BUT IN  OPERATION  AY YEAR  19  FARM ETC!  84, one	cobable Car cobable Cor cobabl	ODATY ART  CODATY ART  LISY AUS  AINA DISEASE OR CON  200 AUTOPS  YES NOT  RED (ENTER NATURE OF INJUN  CITY OR TO  MEDICAL STA	ery D  La x  200. IF YES, IN CERTIFY YES  IRY IN ITEM 18 PA	WERE FINDING CAUSES (CAUSES CAUSE)	IGS USED OF DEATH? NO  STATE
	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE AT WORK AT WORK  22a. I certify that the this hospital saw the decayed alive on above (1) (we) did did not 1).	DUE TO, OR  (b) // DUE TO, OR  (c) // DNDITIONS CO  196. CONDITIONS CO  196. CONDITIONS CO  216. PLACE C (AT HOME, STREET) (at HOME, STREET) (view the body of	FINJURY M. MONTH DA M. DE INJURY DE LACTORY, OFFICE, FACTORY, OFFICE, FACT	DEATH BUT N  OPERATION  AY YEAR  19  FARM ETC 1  19  19  19  19  19  19  19  19  19	cobable Car cobable Cor robable Cor robabl	ODATY ART  CODATY ART  LISY AUS  AINA DISEASE OR CON  200 AUTOPS  YES NOT  RED (ENTER NATURE OF INJUN  CITY OR TO  MEDICAL STA	ery D  La x  200. IF YES, IN CERTIFY YES  IRY IN ITEM 18 PA	WERE FINDING CAUSES (CAUSES CAUSE)	IGS USED OF DEATH? NO   STATE  though we lose couses stated SIQUED, 19 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE AT WORK AT WORK  22a. I certify that the this hospital saw the decayed alive on above (1) (we) did did not 1).	DUE TO, OR  DUE TO, OR  Le)  DUE TO, OR  I(e)  DIVIDITIONS CO  196. CONDITIONS  216. TIME OF HOUR A.A.  216. PLACE C  IAT HOME. STREE  VIEW The body to	PRO 6(3) CONSEQUE PRO 6(3) CONSEQUE PRO 6(3) CONSEQUE PRO 6(3) CONSEQUE PRO 6(4) CON	DEATH BUT IN  OPERATION  AY YEAR  19  FARM ETC!  M. D.	cobable Car cobable Cor cobable Car cobable Cor cobabl	POPALY ART  AINAY DISEASE OR CON  200 AUTOPS  YES   NOW  RED (ENTER NATURE OF INJU  death occurred on the d  MEDICAL   PHYSIK  Broadway	ery D  La x  200. IF YES, IN CERTIFY YES  IRY IN ITEM 18 PA	WERE FINDING CAUSES (CAUSES CAUSE)	IGS USED OF DEATH? NO   STATE  those will we lose couses stoted SIQUED, 19 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
MEDICAL	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DEATH (IF EITHER NOTHER MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE ATWORK ATWORK  22a. I certify that by this hospito saw the deceased drive on above (4) well dried driven.	DUE TO, OR  (b) // DUE TO, OR  (c) // DNDITIONS CO  19b. CONDITIONS CO  19b. TIME OF HOUR A.A. P.A. 21b. PLACE CO. (1AT HOME STREET)  21b. View The body of Control o	PRO 6(3) CONSEQUE PRO 6(3) CONSEQUE PRO 6(3) CONSEQUE PRO 6(3) CONSEQUE PRO 6(4) CON	DEATH BUT IN  OPERATION  AY YEAR  19  FARM ETC!  M. D.  NAME OF CE	cobable Car cobable Cor cobable Car cobable Cor cobabl	200 AUTOPSY YES   NOW RED (ENTER NATURE OF INJU  death occurred on the d  MEDICAL PHYSIK  Broadway  123d LOCATION  WAN  A COLUMN  PROBLEM OF TOWN  RED (ENTER NATURE OF INJU  A COLUMN  RED (ENTER NATURE OF INJU  A COLUMN  RED (ENTER NATURE OF INJU  CITY OF ICA  MEDICAL PHYSIK  Broadway  123d LOCATION  RED (CATION  RE	ery D  La x  200. IF YES, IN CERTIFY YES  IRY IN ITEM 18 PA	WERE FINDING CAUSES (S. C.	IGS USED OF DEATH? NO   STATE  though we lose couses stated SIQUED, 19 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
MEDICAL MEDICAL	Conditions, if ony, which gove rise to immediate couse to is stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO.  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER)  22a. I certify that the this hospito saw the decoyed give on above (IF) (WE) (IF) (IF) (IF) (IF) (IF) (IF) (IF) (IF	DUE TO, OR  (c)  DUE TO, OR  (c)  DIDITIONS CO  196. CONDITIONS CO  216. TIME OF HOUR A.A.  P.A.  216. PLACE C  (at HOME. STRE  (in) when he body is  (in) the body of the bod	PROGES CONSEQUE PROGES CONSEQU	DEATH BUT N  OPERATION  AY YEAR  19  FARM ETC!  M.D.  NAME OF CE  Garder	cobable Car cobable Cor cobable Car cobable Cor cobabl	200 AUTOPSY YES   NOW RED (ENTER NATURE OF INJU  death occurred on the d  MEDICAL PHYSIK  Broadway  123d LOCATION  WAN  A COLUMN  PROBLEM OF TOWN  RED (ENTER NATURE OF INJU  A COLUMN  RED (ENTER NATURE OF INJU  A COLUMN  RED (ENTER NATURE OF INJU  CITY OF ICA  MEDICAL PHYSIK  Broadway  123d LOCATION  RED (CATION  RE	DITION GIVE  206. IF YES, IN CERTIFY YES  OWN  Ote and hour  FF  CIAN	WERE FINDING CAUSES  INTO THE PROPERTY OF PARTY	STATE  thoreth we locauses stated  SI 235, 19  STATE
MEDICAL MEDICAL	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DEATH (IF EITHER NOTHER MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE ATWORK ATWORK  22a. I certify that by this hospito saw the deceased drive on above (4) well dried driven.	DUE TO, OR  (c)  DUE TO, OR  (c)  DIDITIONS CO  196. CONDITIONS CO  216. TIME OF HOUR A.A.  P.A.  216. PLACE C  (at HOME. STRE  (in) when he body is  (in) the body of the bod	PROGES CONSEQUE PROGES CONSEQU	DEATH BUT N  OPERATION  AY YEAR  19  FARM ETC!  M.D.  NAME OF CE  Garder	cobable Car cobable Cor cobable Car cobable Cor cobabl	200 AUTOPSY YES NOT CITY OF TO THE CONTROL OF INJURIED (ENTER NATURE OF INJURIED CONTROL OF INJURIED CONTR	PER PROPERTY DE LA PARTIE DE LA	WERE FINDING CAUSES COUNTY	STATE  thorn we lose couses stoted  SI250, 19  St XXX  Maryla  URE

DHMH - 16 50M 4/82 (VRA 15, 4)

10 TUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and though the distribution of the burial-transit permit. Then please remove carbon papers. Pages with the state permit of Health and Mental Hygiene prior to burial, cremotion, or remaval.

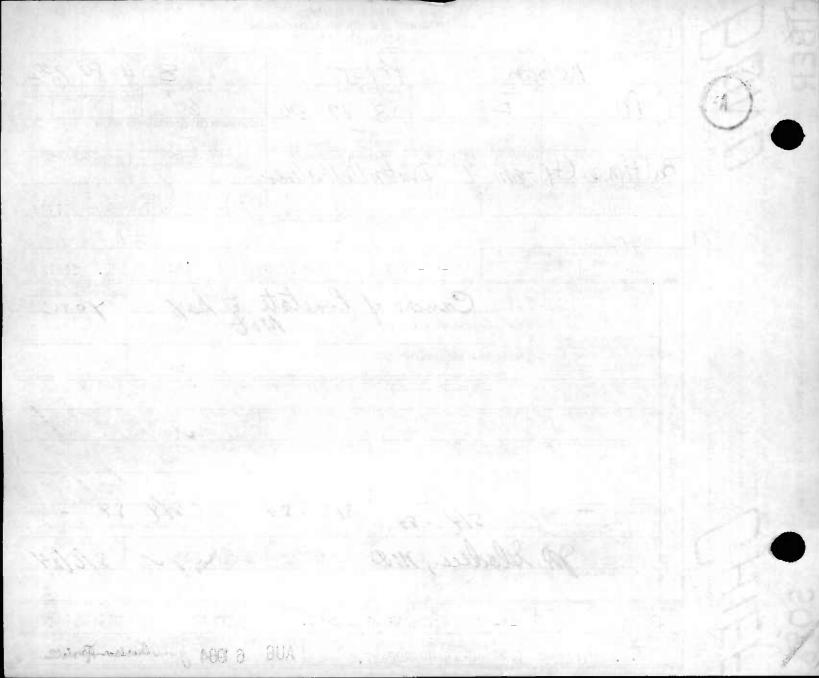


O.	1.	FOR STATE REGISTRAR		DEPART	STATE OF MA MENT OF HEALTH A CERTIFICATE	ND MENTAL HYG	REG. NO.	1/0	) 3
7		CEASED NAME FIGHT	Son	WIDDLE	Pryor	7	2a. DATE OF DEATH MONT	DAY YEAR	26 HOUR
(A)	1.56	m	4 RACE		S DATE OF BIRTH	2 20	6 AGE (IN YEARS LAST BIRTHDAY	H UNDER TYPAR MONTHS DAYS	HOURS MIN.
991		IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIED NEW	DIVORCED [	P BALTIMORE CITY OR CO	UNTY OF DEATH	MD
190	B	MOR TOWN OF DEATH	1. JOHN	CH FACILITY, GIVE STREET	paton I leu	lical Conty	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR		F BUSINESS OR
September 255	13a.1	ALRESTOPNICE (IF NURSING HOME)  ARVIAND  ATHER'S NAME	UNTY	130. CITY OR TOW	PF YES		3414 PIEDMO	CODE NT AVENUE	21216
11000		ENGLAND		LAST RVOR	L	HER'S MAIDEN NAI	WIDDIE	BUMBY	ī
on and		VAS DECEASED EVER IN U.S.  NO NKNOWN) (# YES.  18 CAUSE OF DEATH (Enter	GIVE WAR OR DATES)	220-03-	9605 DOR	ROTHY PRYC	OR 3414 PIEDM	, , , , , , , , , , , , , , , , , , , ,	21216
as that the death, ca hed by the attending please remove carbo please transfer, or y, or other traumatics		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN	(b) DUE TO, C	OR AS A CONSEQUE	NCE OF	ATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART II	
The law requiraction of the law requiraction one has been up much permit. Then the prior to be shown only injury	CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. COND	OITION FOR WHICH	OPERATION WAS PE	ERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGERTIFYING CAUSES	IGS USED
other this certificates the bounding physical the postal for the most beautiful arked or hem 1	MEDICAL	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	P 21e. PLACE	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	19 211. LOC		CITY OR TOWN	COUNTY	STATE
ined by the hospital at the property of the pr		22a I certify that (1) (this has sow the decreased alive obove, (1) (we) (did) (did) (22b. SIGNATURE 22d. PHYSICIAN'S NAME (179)	on	5/9/ 10	DEGREE MD 22e ADD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	d hour and fram the	
2 0 2 1 3		URIAL, CREMATION, REMOV	23b. DATE 8-8-8		JAME OF CEMETERY		BALTIMORE	comary!	AND STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

E.L. PHILLIPS 1721 NORTH MONROE ST.

AUG 6 1984 June Maridan Andres



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGHENE

I. C. Lavidson-Panda 00

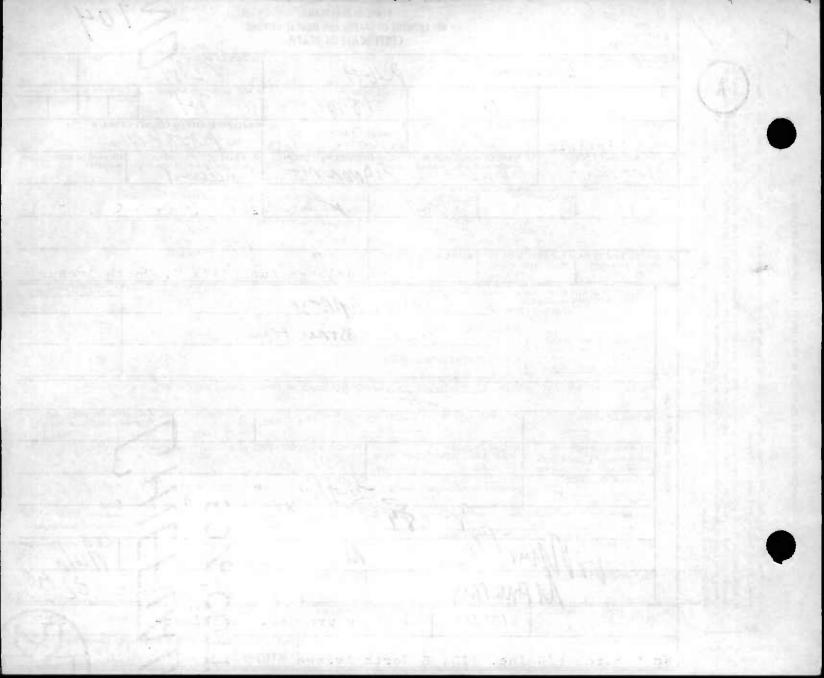
1 -	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL HYG	HENE REG. N	0.	107	
	CEASED NAME OR PRINT)	FIRST		AIDDLE	No	AST 17	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
3. SE.	T-		RACE		S. DATE C		6. AGE (IN YEARS LAST BE	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS
	RTHPLACE ISTATE DOPE COUNTRY)  St Virgi:		CITIZEN OF V	SA COUNT	TRY? 8 MARRIEI WIDOWE		9. BALTIMORE CITY S	T CI	Ly OF DEATH	MD.
M	ATC, A		(IF NOT IN SUC)	HEACILITY, GIVES	TREET ADDRESS	ANON MY	128. USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING L		OF BUSINESS OR
130. 5	111	13b. COUNTY		GIVE RESIDENCE E		13d. INSIDE CITY LIMITS?		North	n Ave.	21216
14974	THER'S NAME FIRST	MIC	Die _	LAST	43	15. MOTHER'S MAIDEN № 1/	WE		LAS	Ţ.
16a V	VAS DECEASED EVER I VES. NO OR UNKNOWN) NO	N U.S. ARME		16b. SOCIAL S	SECURITY NO.	17. INFORMANT Adolphus Pu	ADDR ugh 2425		orth A	venue
z	Conditions, if any, gave rise to imm cause (a), stating underlying cause	which ediate the last.	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONS	ROUENCE OF	AMPREST  OBSTRUCTO  NOT RELATED TO THE TERM		IDITION GI		(MATE INTERVAL ONSET AND DEATH
CERTIFICATION	19a. DATE OF OPERAT	ION	19b. CONDI	TION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	S, WERE FINDII	NGS USED 5 OF DEATH?
MEDICAL CER	21a. ACCIDENT WAS UNDION OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CON	AUSE OF DEATH AL EXAMINER)	P.A 21e. PLACE C	M. MONTH M.	19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU		PART 1 OR PART 2)  COUNTY	STATE
	220.1 certify that (1) saw the decease above, (1) (we) (4) 22b. SIGNATUR	(this hospital	8	18	19 8 7 . 00	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	PF	ur and fram the	
	224 PHYSICIANS NA	11/	AMUD	94)		220. ADDRESS	BATM	ATPI	ce I	2 49
23a. E	BURIAL CREMATION, F	REMOVAL	8/31,	/84		Auburn Cem	Barrerin	ore,	COUNTY	M d TATE
24. FL	JNERAL DIRECTOR					25a. DAT	E REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	URE

C March F/H Inc. 1101 E North Avenue

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medica



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Mental Hygi

be detached to be State Dept.

should be 0

Hem 1B burial-tra

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marked

MPORTANT: IF

per ene shows

physica

PHYSICIAN:

ATTENDING

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGYENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 26 HOUR 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR 04

- STATE REGISTRAR DECEASED NAME MIDDLE (TYPE OR PRINT) AVONGE 3. SEX 28 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED

WIDOWED 10 CITY OR TOWN OF DEATH

DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 0 #21239

LTO

12a. USUAL OCCUPATION

MIDDLE

4. FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

136 COUNTY

FOR

130. STATE

(YES, NO OR UNKNOWN)

66 SOCIAL SECURITY NO

13c. CITY OR TOWN

17 INFORMANT

13d INSIDE CITY LIMITS? NO

15 MOTHER'S MAIDEN NAME

ADDRESS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

8 CAUSE OF DEATH (Enter only one couse per line for (a), (b). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 ACONSEQUENCE OF Conditions, if ony, which

HE YES, GIVE WAR OR DATES!

ARCINOMA

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

90	DATE OF OPERATION	
5	8/14/84	
216.	ACCIDENT WAS UNDERLYING	

gove rise to immediate cause (a), stating the

underlying cause

19h CONDITION FOR WHICH OPERATION WAS PERFORMED DRONCHOSO 20a AUTOPSY? NO

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO

21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM THE INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

last

21c. HOW INJURY OCCURRED

(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

COUNTY STATE

NO! WHILE (1) This hospital, attended the deceased from AUGU

Deceased alive an

DEGREE ML

and that in

711 LOCATION

(our) opinion death occurred on the date and haur and from the couses stated

() we idid idid not visw the body aftende

22e ADDRESS

ATTENDING MEDICAL STAFF PHYSICIAN [ DIRECTOR PHYSICIAN 22c

23b. DATE

23c NAME OF CEMETERY CREMATORY COUNTY

BP. 24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF THE STATE AUG 20 BBA GELEGAL MARKET

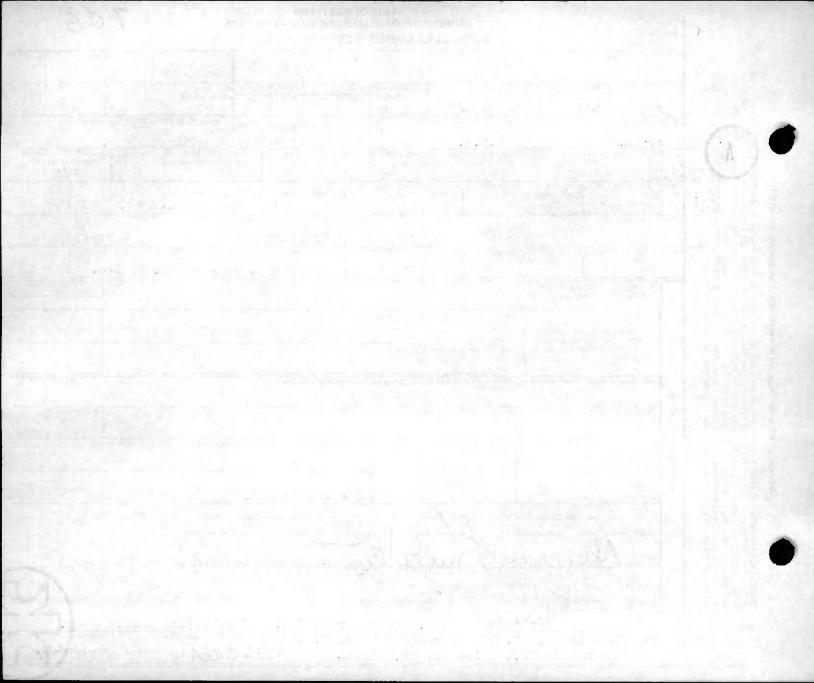
20M 4/82

FOR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		MEI	DICAL EX	AMINE	R'S CERTI	FICATE C	OF DEAT	H	REG. NO	).		
	E OR PRINT)	FIRST		MIDDLE		LAST		20	DATE KN	OWN XX	X MONTH I	DAY YEAR	26 HOUR
		Sean	Mic	hael		Puls			DEATH M		8-10	0 19 84	A
3. SEX	4. R	ACE	S. DATE OF BIRTH		AGE IN YEARS	IF UNDER 1			DATE	ED.	MONTH I	DAY YEAR	2d HOUR
M	ale Wh	ite	10-28-19	982	1 YRS.	MONIHS DAY	5 HOURS	MIN.	DEAD		8-1	0 1984	7:40 P. M
	RTHPLACE (STATE	OR .	76 CITIZEN OF WE	AT COUNTR	Y? 8	MARRIED	NEVER MARR	1ED 2 9.	BALTIMO	RE CITY O	R COUNTY	OF DEATH	
M.	aryland		U.S.A			WIDOWED -	DIVORC				City,		MD
III CI	TY OR TOWN OF I	DEATH	11. NAME OF HOS	PITAL, NURSI	ING HOME, C	OR OTHER INST	ITUTION		L OCCUPAT		OF WORK 12b	OR INDUST	
	Baltimore		Johns	Hopkin:	s Hosp	ital		NC	NE			N/A	
13a S	L RESIDENCE (IF IN	PRIVCOUN	OR OTHER INSTITUTION, GIV TY	13c. CITY OF			DE CITY LIMITS?	13e STREE	T ADDRESS				
_	Maryland	Ho	ward	Colum	nbia	YES			7 Kin	dler	Rd.	2104	5
14. FA	THER'S NAME	The	WIDDLE	LAS	iT .	15. MC	THER'S MAID	EN NAME	MIDD	LE		LAST	
***	William		Edward		ıls		athleen	1				cailey	
	(AS DECEASED EVES, NO, OR UNKNOWN)		MED FORCES? WAR OR DATES]	166 SOCIA	L SECURITY N		ORMANT			ADDRESS			
	NO			N	NONE	W	illiam	E. Pu	ls - 3	Same	as Sec	. 13	
	18 CAUSE OF DE	ATH (Enter on WAS CAUSE	ly ane cause per line					100				APPROXIMATI	E INTERVAL
	O / DEATH		TE CAUSE (a) B	lunt T	rauma	to Abdo	men						
7	812		DUE TO, OR	AS A CONSE	QUENCE OF								
		f any, which	(b)										
	cause (a) sta	ing the under-	DUE TO, OR	AS A CONSE	QUENCE OF								
	lying cause lo	ist.	(6)										
	PART 2 OTNER SIGNIF	CANT CONDITIONS	CONTRIBUTING TO DEATH I	PUT NOT RELATED	TO THE TERMINA	L DISEASE OR CON	HTIDN GIVEN IN PA	ART 1 to 6					
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOLD YEAR 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN TERM 18 PART TO THE OFFICE OF INJURY IN TERM 18 PART TO THE OFFICE OF INJURY IN TERM 18 PART TO THE OFFICE OF													
ATI	19a. DATE OF OP	ERATION	196. CONDIT	ION FOR WH	HICH OPERAT	ION WAS PER	ORMED?					20 AUTOPSY	?
TIFIC												YES 🗌	NOXX
CER	210 EXTERNAL C		21b. TIME OF	INJURY	AV VEAD	21c. HOW INJ	URY OCCURRE	ED LENTER NA	TURE OF INJURY	Y IN ITEM 18 P	PART T OR PART 2	)	
216. EXTERNAL CAUSE WAS UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 5 21 P.M. 8-10 19 84 passenger in auto/auto(s) impact									mpact				
216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, 21f. LOCATION													
Σ	WHILE AT WORK AT WORK XX STREET, FACTORY, FARM, EIC.)  STREET STREET  Intersection of Rt. 32 west of								of I-	-95,Col	umbia		
		Ser assument		0.10	VIII VIII	Autopsy .	Inspectio	decision.	Inquiry			o., Md.	
	/	M. T. Control	e of the remains des		73. 6	The same of the sa	-		, ,		d in my opinio	on	
	death resulted f	n Negru	mi courses	Acoftent IX	1	0	amicide L.	Undeter	mined mann	ner [_],			
	ACTUAL /	2111	1100	VIII.	mille	44.70 1	E (SPECIFY) Sistant				DATE	8-11-	-84
	SIGNATURE	- Cus	we come	my	10/100	UM.DAS.	sis carre	MEDIC	AL EXAMIN	IER	SIGNED_	0 11	04
	EXAMINER'S NAM	ME Denr	nis F. Smy	th.M.	D.	* D D D D	s 111 F	enn S	treet	. Bal	to., M	1d. 2]	201
23a B	URIAL, CREMATIO					TERY OR CREM		23d. LOC					
(5	Burial		8-14-1984			Churc!		CITY OF	TOWN	116 н	loward	MD.	TATE
24 TF			11 C. Witz	ke Fur	neral I	Homes D	250. DATE	REC'D. BY R	EGISTRAR	256 REGIS	STRAR'S SIGI	NATURE	
			Rd. Coli				.T. A11	G13	1094	Julia	Devisor	n-Randa	20_
	1.1.1 LW 111	MINTER	ILULA A LIULI	IIIIIIII CL a	1117 4	C. I. U.S. J.	n	- U	LA	100			



### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

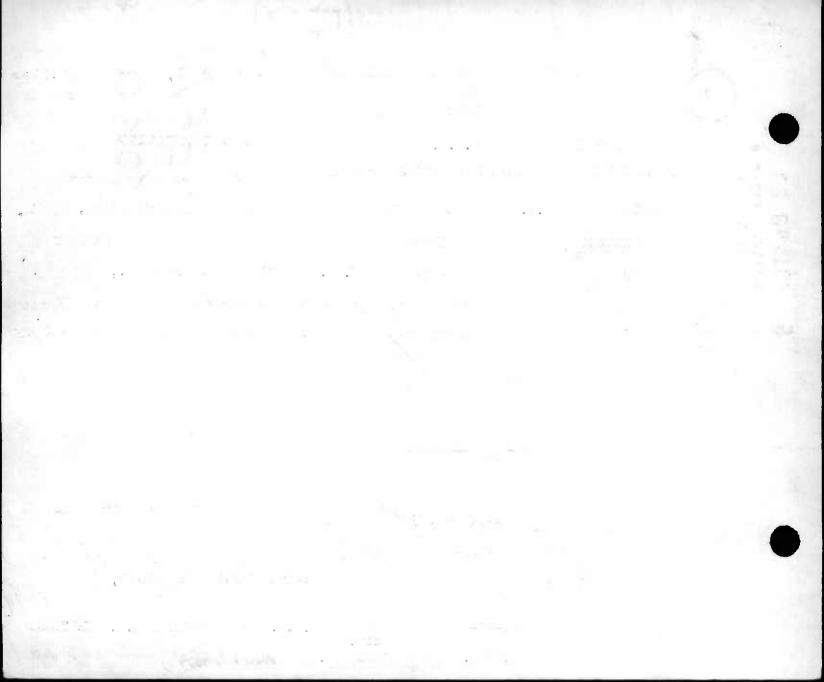
2	-	107	
. NO.		/	

| S. DATE OF BIRTH   S. DATE OF BIRTH   S. DATE OF BIRTH   S. AGE (IN TEAS 145) BRITHDAY   DATE OF DOTE   TOWN   TARE   TOWN   TOWN   TOWN   TOWN   TOWN OF DEATH   TOWN OWN OF DEATH   TOWN OWN OF DEATH   TOWN OWN OWN OWN OWN OWN OWN OWN OWN OWN   | MARIE M. QUINLAN AUGUST 11, 1984 12:27  3. SEX   | MARIE   M. QUINLAN   AUGUST 11, 1984   12:27   | MARIE M. QUINLAN AUGUST 11, 1984 12:27  3.5EX  | MARIE M. QUINLAN AUGUST 11, 1984 12:27  3. SEX  FEMALE  WHITE 11 18 13 70 VRS   FUNCION PLANT    MARIE M. QUINLAN AUGUST 11, 1984 12:27.  3. SEX    ARCE   S. DATE OF BIRTH   MORTH   DAY   YEAR   S. AGE (INYEARS LAST BIRTHDAY)   MORTH   DAY   YEAR   DAYS LAST BIRTHDAY   D |
|--|--|--|--|--|--|
| ARCE   S. DATE OF BIRTH   S. D   | ALCONTROLL    ARCE   S. DATE OF BIRTH   DAY 14AB   1.984   12:27   1.094   1.  | ANALY AND A GLED BURNIE   1.81   1.984   12:27   1.55   1. | ARRIE M. QUINLAN AUGUST 11, 1984   12:27  3. SEX  FEMALE  To BIRTHPLACE   STATE OF FIRST   18   13   13   13   13   13   13   13   | ARRIE M. QUINLAN AUGUST 11, 1984   12:27  3. SEX  FEMALE  To BIRTHPLACE (STATE OF FORCE)  TO YES  MARRIED   NEVER MARRIED   NEVER MARRIED   MARRIE | MARIE M. QUINLAN AUGUST 11, 1984 12:27:  3. SEX 4. RACE S. DATE OF BIRTH  WHITE 11 18 13 70 VRS  TOWNSHIP DAY VLAR  FEMALE  WHITE 11 18 13 70 VRS  TOWNSHIP DAY VLAR  TOWNSHIP DAY  
FEMALE    Total Control   Tota	FEMALE   WHTTE   11	FEMALE    To BIRTHPLACE   STATE OF OPERATE   To BIR	FEMALE  The BURNHERACE   STATE ORTORICAL   STATE	FEMALE  78. BURITHRACE   STATE ORTORICAL   TO VEST   TO	FEMALE  WHITE  11  18  18  18  19  BALTIMORE CITY OR COUNTY OF DEATH  COUNTRY)  PENNSYLVANTA  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (If you such facility, one singes address)  JOHNS HOPKINS HOME OR OTHER INSTITUTION  (If you such facility, one singes address)  JOHNS HOPKINS  HOME SCITY  MARRIED  PENNSYLVANTA  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (If you such facility, one singes address)  JOHNS HOPKINS  HOME SIDENCE (IF NURSING HOME OR OTHER INSTITUTION)  (If you such facility, one singes address)  JOHNS HOPKINS  HOME SIDENCE (IF NURSING HOME OR OTHER INSTITUTION)  (If you such facility, one singes address)  JOHNS HOPKINS  HOME SIDENCE (IF NURSING HOME OR OTHER INSTITUTION)  (If you was or date)  JOHNS HOPKINS  HOME SIDENCE HOME SIDENCE HOME SIDENCE HOME ADMISSION)  IT HATTER SIDENCE (IF NURSING HOME OR OTHER INSTITUTION)  (If you was or date)  JOHNS HOPKINS  HOME SIDENCE HOME SIDENCE HOME ADMISSION  IT HOME MARKED  JOHNS HOPKINS  HOME HOME SIDENCE HOME ADMISSION  IT HOME AND HOME HOME HOME HOME HOME HOME HOME HOME
FEMALE	Temale	FEMALE   18   13   70   VRS	Temple   T	Temple   T	FEMALE    To   SIRTHPRIACE   STATE OR FOREIGN COUNTRY    To   SIRTHPRIACE   STATE OR FOREIGN COUNTRY    PENNSYLVANTA   U.S. A   WIDOWED   DNORCED   BALTIMORE CITY OR COUNTY OF DEATH     DV   SA   WIDOWED   DNORCED   BALTIMORE SCITY   MARRIED   DNORCED   BALTIMORE SCITY   MARRIED   DNORCED   BALTIMORE   170 k kind of Business of Inventor of State   170 k kind of State
The BIRTHPLACE   STATE OR PORTION   The COUNTY OF WHAT COUNTRY?	The INTERPRETATION OF DEATH   STATE OF PART COUNTRY?   BALTIMORE CITY OR COUNTY OF DEATH   STATE OF PART I DEATH   STATE OF	The INITIAL PRICE   STATE OR FOREIGN   The CHIZEN OF WHAT COUNTRY?	The INTERPRETATION   The COUNTY OF DEATH	The INTERPRETACE   STATE OR FOREIGN   The CHIZEN OF WHAT COUNTRY   The	76. BIRTHPLACE   STATE OR FOREIGN   76. CITIZEN OF WHAT COUNTRY   8
PENNSYLVANTA  U.S.A. WIDOWED  DIVORCED  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION  PALTIMORE  U.S. A. WIDOWED  TO FIND PRODUCT CONTROL OF HOSPITAL NURSING HOME OR OTHER INSTITUTION  (PAD PRODUCT RESIDENCE (FOR MUSING JONE OR OTHER INSTITUTION COME FOR MORE OR OTHER INSTITUTION COME FOR MORE OR OTHER INSTITUTION COME FOR MORE OR OTHER INSTITUTION  U.S. A. RESIDENCE (FOR MUSING JONE OR OTHER INSTITUTION OR TOWN  MARYLAND  A. A. GLEN BURNTE  I.S. COUNTY  I.S	PENNSYLVANTA  U.S.A. WIDOWED DIVISION OF DEATH  11. NAME OF HOSPITIAL NURSING HOME OR OTHER INSTITUTION  12. USUAL OCCUPATION  13. INSIDE CITY LIMITS?  13. INSIDE CITY LIMITS?  14. INSIDE CITY LIMITS?  15. MOTHER'S MADEN NAME  16. INSIDE CITY LIMITS?  16. INSIDE CITY LIMITS?  17. INSTITUTION OF BUSINESS OF WARRINGTON OF BUSINESS OF BUSINESS OF WARRINGTON OF BUSINESS OF BUSINES	PENNSYLVANTA  10. INAME OF HOSPITAL LURSING HOME OR OTHER INSTITUTION  11. NAME OF HOSPITAL LURSING HOME OR OTHER INSTITUTION  12. USUAL OCCUPATION  13. STATE  13. NAME OF HOSPITAL LURSING HOME OR OTHER INSTITUTION  13. STATE  14. STATE  15. MOTHER'S NAME  16. STATE  16. STATE  17. STATE  18. STATE  19. STA	PENNSYLVANTA  JOCITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  PART TIMORE  JOCITY OR TOWN OF DEATH  11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION  JOCITY OR TOWN OF DEATH  11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION  JOC THE INS	PENNSYLVANTA  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. CITY OR TOWN OF DEATH  13. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  14. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  15. STATE  16. STATE  17. NAME OF HOSPITAL  18. COUNTY  18. MODIE  18. CAUSE OF DEATH (Enter only one couse per lag for (o), (b), ond (c))  18. CAUSE OF DEATH (Enter only one couse per lag for (o), (b), ond (c))  18. CAUSE OF DEATH (Enter only one couse per lag for (o), (b), ond (c))  18. CAUSE OF DEATH (Enter only one couse per lag for (o), (b), ond (c))  19. DATE OF OPERATION  19. DATE OF OPERATION  19. CONDITION FOR WHICH OPERATION WAS PERFORMED  19. DATE OF OPERATION  19. CONDITION FOR WHICH OPERATION WAS PERFORMED  19. DATE OF OPERATION  19. CONDITION FOR WHICH OPERATION WAS PERFORMED  19. DATE OF OPERATION  19. CONDITION FOR WHICH OPERATION WAS PERFORMED  19. DATE OF OPERATION  19. CONDITION FOR WHICH OPERATION WAS PERFORMED  19. DATE OF OPERATION  19. CONDITION FOR WHICH OPERATION WAS PERFORMED  19. DATE OF OPERATION  19. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. PLACE OF INJURY  18. CAUSE OF DEATH (EARL PART 1) OR PART 1: OR PART 2:  19. DATE OF OPERATION  19. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. PLACE OF INJURY  19. LOCK AM MODIE  21. PLACE OF INJURY  21. LOCATION  21. L	PENNSYLVANTA  U.S.A. WIDOWED. DIVORCED. BALTIMORE SCITY  MODITION OF TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (B. NOTINS SUCH FACILITY, CAPE SIERCE BADMISSION)  130. STATE  U.S.A. WIDOWED. DIVORCED. BALTIMORE SCITY  (B. NOTINS SUCH FACILITY, CAPE SIERCE BADMISSION)  130. STATE  U.S.A. WIDOWED. DIVORCED. 122 USUAL OCCUPATION  (ITYPE OF WORK FOR MOST OF WORKING (BE))  (ITYPE OF WORK FOR MOST OF WOST OF WORKING (BE))  (ITYPE OF WORK FOR MOST OF WOST OF WOST OF WOST OF WORKING (BE)  (ITYPE OF WORK FOR MOST OF WOST O
12	BAITIMORE    I. NAME OF HOSPITAL A FURSING HOME OR OTHER INSTITUTION (1996 OF WORK FOR MOST	13	BALTIMORE    13	BALTIMORE    13	10 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LEE) INDUSTRY   120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEE) INDUSTRY   120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEE) INDUSTRY   130 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEE) INDUSTRY   130 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEE) INDUSTRY   130 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEE) INDUSTRY   130 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEE) INDUSTRY   130 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEE) INDUSTRY   130 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEE) INDUSTRY   130 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEE) INDUSTRY   130 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEE) INDUSTRY   130 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR MOST OF WORKING LEE) INDUSTRY   130 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEE) INDUSTRY   130 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEE) INDUSTRY   130 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEE) INDUSTRY   130 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEE) INDUSTRY   130 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF
DSUAR RESIDENCE (IF NURSING JOME OR OTHER INSTITUTION, OIVE RESIDENCE BEFORE ADMISSION)  130. STATE  131. STATE  132. COLLEGE BURNTE  134. STATE  135. MOTHER SHAPE  136. MOTHER SHAPE  137. MOTHER SHAPE  138. STATE  139. STREET ADDRESS / ZIP CODE  120. WARWICKSHIRE LANE, 21061  130. STATE  130. STATE  130. STATE  130. MOTHER SHAPE  130. STATE  130. STATE  130. STREET ADDRESS / ZIP CODE  120. WARWICKSHIRE LANE, 21061  130. STATE  130. MOTHER SHAPE	DELIA RESIDENCE (# NURSING POME OR OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION)    130. STATE   136. COUNTY   136. CITY OF TOWN   136. CITY	DUIL TO OR A A GLEN BURNIE IS MODE I ASI MADIE I ASI MODIE I ASI M	BAITIMORE  USUAL RESIDENCE (# PURSANG JOME OF DITRE INSTITUTION OF RESIDENCE REPORT ADMISSION)  136. STATE  137. STATE  136. STATE  136. STATE  136. STATE  136. STATE  136. STATE  137. STATE  138. STREET ADDRESS  7 IP CODE  140. INSTITUTION  137. INSTITUTION	BALTIMORE  USUAL RESIDENCE (# PURSANG JONE OF OTRES HISTORIA HOPKINS HOSPITAL  USUAL RESIDENCE (# PURSANG JONE OF OTRES HISTORIA OF OTRES HISTORIA OF OTRES ADMISSION)  136. STATE  137. STATE  138. STREET ADDRESS / ZIP CODE  122 WARWICKSHIRE IANE, 21061  15 MOTHER'S MADIE  15 MOTHER'S MADIE  16 WAS DECEASED EVER IN U. S. ARMED FORCES?  (YES, NO OR UNKNOWN)  16 WAS DECEASED EVER IN U. S. ARMED FORCES?  (YES, NO OR UNKNOWN)  16 WAS DECEASED EVER IN U. S. ARMED FORCES?  (YES, NO OR UNKNOWN)  17 INFORMANT  18 CAUSE OF DEATH IENter only one couse per jug for 101, (b), and (c).  19 PART I. DEATH WAS CAUSED BY:  10 INFORMANT  10 INFORMANT  11 INFORMANT  12 INFORMANT  12 INFORMANT  12 INFORMANT  13 INFORMANT  14 INFORMANT  15 MOTHER'S MADIEN NAME  16 WAS DECEASED EVER IN U. S. ARMED FORCES?  (YES, NO OR UNKNOWN)  18 YES, GIVE WAR OR DATES)  19 CAUSE OF DEATH IENTER only one couse per jug for 101, (b), and (c).  10 INFORMANT  11 INFORMANT  12 INFORMANT  12 INFORMANT  13 INSIDE CITY LIMITS?  14 INSIDE CITY LIMITS?  15 SOCIAL SECURITY NO  17 INFORMANT  18 MADIEN NAME  18 INSIDE CITY LIMITS?  19 INSIDE CITY LIMITS?  19 INSIDE CITY LIMITS?  19 INSIDE CITY LIMITS?  10 INSIDE CITY ARMIT LIMITS?  10 INSIDE CITY LIMITS?  11 INSIDE CITY LIMITS?  11 INSIDE CITY LIMITS?  12 INSIDE CITY LIMITS?  12 INSIDE CITY LIMITS?  13 INSIDE CITY LIMITS?  13 INSIDE CITY MARIDEN NAME  14 INSIDE CITY LIMITS?  13 INSIDE CITY LIMITS?  14 INSIDE CITY LIMITS?  15 INSIDE LIMITS?  16 INSIDE LIMITS?  17 INSIDE LIMITS?  18 INSIDE CITY LIMITS?  18 INSIDE LIMITS?  18 INSIDE CITY LIMITS?	BALTIMORE  JOHNS HOPKINS HOSPITAL  USUAL RESIDENCE (IF NURSING JOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STATE  137. STATE  MARYLAND  A.A.  GLEN BURNIE  IS. MOTHER'S MADE  FRIST  MODIE  1AST  WILLIAM  SIMONS  ANNA  KISPERT  15. MOTHER'S MADE  FRIST  MODIE  1AST  WILLIAM  SIMONS  ANNA  KISPERT  166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)  (IF YES, GIVE WAR OR DAIES)  NO  215-03-5041  K. W. WINGATE  1739  JACKSON ST., 21230  APPROXIMATE PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.D.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.D.  PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.D.
USUAL RESIDENCE (# Nursing joint of other institution over residence server admission)  136. STATE  138. COUNTY  138. COUNTY  138. CITY OR TOWN  138. STREET ADDRESS / ZIP CODE  129. WARWICKSHIRE LANE, 21061  149. DATE OF OPERATION  140. INSIDE CITY LIMITS?  138. STREET ADDRESS / ZIP CODE  129. WARWICKSHIRE LANE, 21061  140. INSIDE CITY LIMITS?  140. INSI	USUAL RESIDENCE (# Nursing four of other institution over residence seffore admission)  136. STATE  138. COUNTY  136. CITY OF TOWN  136. CITY OF TOWN  137. STATE  138. COUNTY  138. CITY OF TOWN  139. STATE  140. STATE  15. MOTHER'S MAIDENNAME  165. MODIE  165. MOTHER'S MAIDENNAME  167. STATE  166. WAS DECEASED EVER IN U. S. ARMED FORCES?  169. SOCIAL SECURITY NO.  170. INFORMANT  170. INFORMANT  180. CAUSE OF DEATH [enter only one couse per ling for (a), (b), and (c).  181. CAUSE OF DEATH (enter only one couse per ling for (a), (b), and (c).  181. CAUSE OF DEATH (enter only one couse per ling for (a), (b), and (c).  181. CAUSE OF DEATH (enter only one couse per ling for (a), (b), and (c).  181. CAUSE OF DEATH (enter only one couse per ling for (a), (b), and (c).  182. CAUSE OF DEATH (enter only one couse per ling for (a), (b), and (c).  183. CAUSE OF DEATH (enter only one couse per ling for (a), (b), and (c).  184. M. W. WINGATE 1739 JACKSON ST., 21230  185. CAUSE OF DEATH (enter only one couse per ling for (a), (b), and (c).  186. CAUSE OF DEATH (enter only one couse per ling for (a), (b), and (c).  187. CAUSE OF DEATH (enter only one couse per ling for (a), (b), and (c).  187. CAUSE OF DEATH (enter only one couse per ling for (a), (b), and (c).  188. CAUSE OF DEATH (enter only one couse per ling for (a), (b), and (c).  189. DATE OF OPERATION  199. DATE OF OPERATION  199. DATE OF OPERATION  199. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID  199. DATE OF OPERATION  199. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID  199. DATE OF OPERATION  199. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID  199. DATE OF OPERATION  199. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID  199. DATE OF OPERATION  199. CO	USUAL RESIDENCE (# MURSING JOME OR OTHER INSTITUTION, OVE RESIDENCE BEFORE ADMISSION)  136. STATE  MARYTAND  A. GLEN BURNTE  (SLEN BURNTE  FRS)  MODIE  IAST  SIMONS  ANNA  KISPERT  IS MOTHER'S MAIDEN NAME FRS)  MODIE  IAST  SIMONS  ANNA  KISPERT  ID SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  NO  18. CAUSE OF DEATH (Enter only one couse per lug for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  198. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING  OR CONDIBIOURD CAUSE OF DEATH  (WE EITHER NOTHEY MEDICAL EXAMINER)  P.M.  10 STREET ADDRESS / ZIP CODE  122 WARWICKSHIRE LANE. 21061  123 INSTREET ADDRESS / ZIP CODE  124 MARQUENTS IN CODE  125 MARQUENTS IN CORNES  126 AUTOPSY  216 AUTOPSY  YES NO BY  127 MARQUENTS IN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO  YES NO BY  128 AUTOPSY  YES NO BY  YES NO BY  129 AUTOPSY  YES NO BY  YES NO BY  120 AUTOPSY  YES NO BY  YES NO B	13 DAIA RESIDENCE (# MURSING 90ME OROTHER INSTITUTION OVERESIDENCE BEFORE ADMISSION)   13 C. CITY OR TOWN   14 C	13. STATE   13. COUNTY   13.	TISTURE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STATE  136. COUNTY  MARYLAND  A.A.  GLEN BURNTE  YES   NO   122 WARWICKSHIRE LANE, 21061  15. MOTHER'S MADE  FRIST  WILLIAM  SIMONS  ANNA  KISPERT  166. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  NO  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c.))  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which (b)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
MARYTAND  A.A.  GLEN BURNTE  VES NOW  122 WARWICKSHIRE LANE, 21061  IF FATHER'S NAME FRST  MIDDLE  LAST  WILLIAM  SIMMONS  ANNA  KISPERT  IN MODIE  LAST  WILLIAM  SIMMONS  ANNA  KISPERT  ADDRESS  (VES. NO BUNKNOWN)  IF YES, CIVIE WAR OR DATES)  NO  215-03-5041  K. W. WINGATE 1739 JACKSON ST., 21230  LAST  WINGATE 1739 JACKSON ST., 21230  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost of immediate couse lost stoling the underlying couse lost  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  196 DATE OF OPERATION  198 CONDITION FOR WHICH OPERATION WAS PERFORMED  206 AUTOPSY  216 INCENTIFYING CAUSES OF DEATH HOUR A.M. MONTH DAY YEAR  216 HOW INJURY OCCURRED  217 IN TIME OF INJURY HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR  198 INJURY OCCURRED  218 PLACE OF INJURY  1211 LOCATION  211 LOCATION	MARYIAND  A.A. GLEN BURNTE  YES NOW  122 WARWICKSHIRE IANE, 21061  IF FATHER'S NAME FRST  WILLIAM  WAS DECEASED EVER IN U.S. ARMED FORCES? INDOOR SIMMONS  ANNA  KISPERT  IT INFORMANT  ADDRESS  YES, NO BURNENOWN  IF YES, ON DE UNKNOWN  IF YES, ON DEUWER IN THE WIS PART I OR PART ?)  IF YES, ON DEUWER IN THE WIS PART I OR PART ?)  IF YES, ON DEUWER IN THE WIS PART I OR PART ?)  IF YES, ON DEUWER IN THE WIS PART I OR PART ?)  IF YES, ON DEUWER IN THE WIS PART I OR PART ?)  IF YES, ON DEUWER IN THE WIS PART I OR PART ?)  IF YES, ON DEUWER IN THE WIS PART I OR PART ?)  IF YES, ON DEUWER IN THE WIS PART I OR PART ?)  IF YES, ON DEUWER IN THE WIS PART I OR PART ?)  IF YES, ON DEUWER IN THE WIS PART I OR PART ?)  IF YES, ON DEWEN IN THE WIS PART I OR PART ?)  IF YES, ON DEWEN IN THE WIS PART I OR PART ?)  IF YES, ON DEWEN IN THE WIS PART I OR PART ?)  IF YES, ON DEWEN IN THE WIS PART IN THE WIS PART ?)  IF YES, ON DEWEN IN THE WIS PART IN THE WIS PART ?)  IF YES, ON DEWEN IN THE WIS PART IN THE WIS PART ?)  IF YES, ON DEWEN IN THE WIS PART IN THE WIS PART ?)  IF YES, ON D	MARYIAND  A.A. GLEN BURNTE  YES  NO  122 WARWICKSHIRE IANE, 21061  IF ATHER'S NAME FIRST MIDDLE  WILLIAM SIMMONS  ANNA KISPERT  INC. WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (IF YES, GIVE WAR OR DATES)  NO  215-03-5041 K. W. WINGATE 1739 JACKSON ST., 21230  III. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c). PARTIL DEATH WAS CAUSED BY:  IMMEDIATE CAUSE IO)  Spiratory & Cardina are linguisting to great hard Death gove rise to immediate couse [a), storing the underlying couse [b]st. [c]  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.D  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.D  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.D  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.D  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.D  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  1980 DATE OF OPERATION  1980 CONTRIBUTING  1216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR  (B ETHER NOTER MEDICAL EXAMINAR)  P.M. 19  216. INJURY OCCURRED  2176 CAUSE OF DEATH PHOUR A.M. MONTH DAY YEAR  (B ETHER NOTER MEDICAL EXAMINAR)  218. INJURY OCCURRED  219. ACCIDENT WAS UNDERLYING  1216 TIME OF INJURY  HOUR A.M. MONTH DAY YEAR  (B ETHER NOTER MEDICAL EXAMINAR)  219. ACCIDENT WAS UNDERLYING  1216 TIME OF INJURY  HOUR A.M. MONTH DAY YEAR  (B TOTAL TO THE STATE OF THE TIME OF INJURY INTURE OF INJURY INTURT INTUR	MARYTAND  A.A.  GLEN BURNTE  VES NO DE 122 WARWICKSHIRE IANE, 21061  IFATHER'S NAME FRST MODE  WILLIAM  WILLIAM  SIMMONS  ANNA  KISPERT  IS MOTHER'S MAIDEN NAME FRST MODE  WILLIAM  SIMMONS  ANNA  KISPERT  IN INFORMANT  ADDRESS  IN INFORMANT  ADDRESS  WINGATE 1739 JACKSON ST., 21230  IB CAUSE OF DEATH (Enter only one couse per Juge for 10), (b), and (c) I PART I. DEATH WAS CAUSED BY MAMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF Uderlying couse lost.  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2. OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  180 DATE OF OPERATION  190 DATE OF OPERATION  190 CONTRIBUTING CAUSE OF DEATH PART 1. DEATH WAS UNDERSTRING  OR CONTRIBUTING CAUSE OF DEATH PART 2. ALSO CAUSE OF DEATH PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY? YES NO DETERMINED CAUSE OF DEATH PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  210 AUTOPSY? YES NO DETERMINED CAUSE OF DEATH PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  211 ACCIDENT WAS UNDERSTRING OR CONTRIBUTING CAUSE OF DEATH PART 1. DEATH WAS UNDERSTRING PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  212 ACCIDENT WAS UNDERSTRING PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION SIREET  CHYON DATE OF THE SIGNIFICANT CONDITION STATE PART 2. OTHER SIGNIFICANT CONDITION STATE PART 3. O	MARYIAND A.A. GLEN BURNTE  WILLIAM  WILLIAM  SIMMONS  ANNA  KISPERT  IS MOTHER'S MAIDEN NAME FRST MODIE  WILLIAM  SIMMONS  ANNA  KISPERT  IS MOTHER'S MAIDEN NAME FRST MODIE  WILLIAM  SIMMONS  ANNA  KISPERT  IS MOTHER'S MAIDEN NAME FRST MODIE  IF YES, GIVE WAR OR DATES?  IN PART I. DEATH WAS CAUSED BY  MAREDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF GOVE rise to immediate couse for immediate couse (o), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF IS DUE	MARYIAND  A.A.  GLEN BURNTE  YES NOW  122 WARWICKSHIRE LANE, 21061  IS MOTHER'S MAIDEN NAME FIRST  WILLIAM  WILLIAM  SIMMONS  ANNA  KISPERT  160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. MOOR UNKNOWN)  NO  215-03-5041  K. W. WINGATE 1739 JACKSON ST., 21230  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II.0
Interest	FATHER'S NAME   FIRST   IS MOTHER'S MAIDEN NAME   FIRST   MIDDLE   IAST   IAS	FATHER'S NAME	FATHER'S NAME   FREST   MIDDLE   LAST   MIDDLE   LAST   MIDDLE	FATHER'S NAME   FREST   MIDDLE   LAST   STMONS	IS MOTHER'S MAIDEN NAME FIRST MIDDLE LAST  WILLIAM  SIMMONS  ANNA  KISPERT  ADDRESS  (YES, NO OR UNKNOWN)  NO  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART 1. DEATH WAS CAUSED BY:  ODE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11.0
The transfer of the transfer	The transfer of the transfer	WILLTAM SIMONS ANA KISPERT  166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  NO 215-03-5041 K. W. WINGATE 1739 JACKSON ST., 21230  18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Spiratory & Cardial arrest of immediate couse 101, stoting the underlying cause 1031.  DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. (c)  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 286 AUTOPSY? 216 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH (II) EITHER NOTIFY ABOUNDERTYING 196 CAUSE OF DEATH 197 CONDITION GIVEN IN PART 1 ON 197 COUNTY 198 IN THE NOTIFY ABOUNDERTY IN 197 COUNTY 198 COUNTY 198 IN THE NOTIFY ABOUNDERTY IN 197 COUNTY 198 COUNTY	WILLIAM SIMONS ANA KISPERT    16e WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO.   17 INFORMANT ADDRESS   17 INFORMANT ADDRESS   18c SOCIAL SECURITY NO.   17 INFORMANT ADDRESS   18c SOCIAL SECURITY NO.   17 INFORMANT ADDRESS   18c SOCIAL SECURITY NO.   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).   215-03-5041   K. W. WINGATE 1739 JACKSON ST., 21230   18c CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).   215-03-5041   K. W. WINGATE 1739 JACKSON ST., 21230   18c CAUSE OF DEATH WAS CAUSED BY:   (AND ADDRESS   CAUSED OF CONTRIBUTIONS, if ony, which gove rise to immediate couse (a), storing the underlying cause lost.   (b)	WILLIAM SIMONS ANA KISPERT    16e WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO.   17 INFORMANT ADDRESS   17 INFORMANT ADDRESS   18c SOCIAL SECURITY NO.   17 INFORMANT ADDRESS   18c SOCIAL SECURITY NO.   17 INFORMANT ADDRESS   18c SOCIAL SECURITY NO.   18 CAUSE OF DEATH (Enter only one couse per Jing for (o.), (b.), and (c.)   215-03-5041   K. W. WINGATE 1739 JACKSON ST., 21230   18c CAUSE OF DEATH (Enter only one couse per Jing for (o.), (b.), and (c.)   215-03-5041   K. W. WINGATE 1739 JACKSON ST., 21230   18c CAUSE OF DEATH (Enter only one couse per Jing for (o.), (b.), and (c.)   215-03-5041   K. W. WINGATE 1739 JACKSON ST., 21230   18c CAUSE OF DEATH (International Conditions, if ony, which gove rise to immediate couse (o.), storing the underlying cause lost.   (b.)   18c CAUSE OF DEATH (International Conditions Contributing to Death But not related to the terminal disease or condition given in Part Light Certifying Causes of Death (Incentifying Causes of De	THEST   MIDDLE   LAST
166 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   166 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)   SOCIAL SECURITY W.   CANADA   AVEST   MARKED FORCES   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)   SOCIAL SECURITY W.   CANADA   AVEST   MARKED FORCES   MARKED FOR	166 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   17 INFORMANT   ADDRESS   18 INFORMANT   ADDRESS   AD	16 WAS DECEASED EVER IN U.S. ARMED FORCES?   16 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   16 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   16 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).   PART I. DEATH WAS CAUSED BY.   WMEDIATE CAUSE (o)   PART I. DEATH WAS CAUSED BY.   WMEDIATE CAUSE (o)   PART I. DEATH WAS CAUSED BY.   DUE TO, OR AS A CONSEQUENCE OF   CERVICAL CARRIAGO APPROXIMATE RITERIAL BETWEEN ONSET AND DEATH   COURSE IN OR AS A CONSEQUENCE OF   CONDITIONS, if ony, which gove rise to immediate couse iol, stating the underlying cause lost.   (c)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.O.	16 WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   17 INFORMANT   ADDRESS   17 INFORMANT   ADDRESS   17 INFORMANT   ADDRESS   18 INFORMANT   ADDRESS   ADD	16 WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   17 NOR UNKNOWN)   18 CAUSE OF WAR OR DATES   215-03-5041   K. W. WINGATE 1739 JACKSON ST., 21230   APPROXIMATE RITERIAL BUT NOT AND APPROXIMATE RITERIAL BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.D.    18 CAUSE OF DEATH (Enter only one couse per lap for (o.), (b), ond (c.)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o.)	166 WAS DECEASED EVER IN U.S. ARMED FORCES? (1865 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  NO. 17 INFORMANT ADDRESS  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF couse ioi, stoting the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF couse ioi, stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II.
The continuous of the continuous of the continuous course per line for (a), (b), and (c).	The vest given and the vest given and the vest given for (a), (b), and (c).	(YES, NO OR UNKNOWN)  NO  215-03-5041 K. W. WINGATE 1739 JACKSON ST., 21230  215-03-5041 K. W. WINGATE 1739 JACKSON ST., 21230  APPROXIMATE RITERVAL  PART I. DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH (Enter only one couse per line for (a), (b), and (c).)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH POR CONTRIBUTING CAUSE OF DEATH POR CAUSE OF DEATH POR CAUSE OF DEATH POR CONTRIBUTING CAUSE OF DEATH POR CONTRIBUTING CAUSE OF DEATH POR CAUSE OF DEATH	PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)	PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)	TYES, NO OR UNKNOWN    IF YES, GIVE WAR OR DATES    215-03-5041   K. W. WINGATE 1739 JACKSON ST., 21230
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)     RESPIRATORY   RETURN ONSET AND DEAT     DUE TO, OR AS A CONSEQUENCE OF     Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost.   (c)   ULL TO, OR AS A CONSEQUENCE OF     PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO     19a DATE OF OPERATION   19b CONDITION FOR WHICH OPERATION WAS PERFORMED   20a AUTOPSY?   20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?     YES	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)     PART II. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)     PART II. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)     PART II. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)     PART II. DEATH WAS CAUSED BY:   Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost.   DUE TO, OR AS A CONSEQUENCE OF     Underlying cause lost.   DUE TO, OR AS A CONSEQUENCE OF     PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II.   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II.   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II.   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II.   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II.   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II.   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II.   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II.   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II.   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II.   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II.   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II.   PART 2. OTHER SIGNIFICANT CONDITION GIVEN IN PART II.   PART 2. OTHER SIGNIFICANT CONDI	18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)	18. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II.0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II.0  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER)  211. INJURY OCCURRED  WHILE OR OTHER SIGNIFICANT CONDITIONS  212. TIME OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  212. LOCATION STREET  CITY OF TOWN  COUNTY  STATE  CITY OF TOWN  COUNTY  STATE	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
PART I. DEATH WAS CAUSE (BY:  IMMEDIATE CAUSE (CO.)    Conditions, if ony, which gove rise to immediate couse 101, storing the underlying cause lost.    DUE TO, OR AS A CONSEQUENCE OF	PART I. DEATH WAS CAUSE (a)  (MMEDIATE CAUSE (a)  (DUE TO, OR AS A CONSEQUENCE OF CONTROL CARCINOMA  (B)  (DUE TO, OR AS A CONSEQUENCE OF COURSE (CONTROL CARCINOMA  (CONDITION STORING THE UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  (CONDITION WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  (CONDITION WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  (CONDITION WAS UNDERLYING TO AUSES OF DEATH)  (CONDITION WAS UNDERLYING TO AUSE OF DEATH)  (CONDITION WAS UNDERL	PART I. DEATH WAS CAUSE ON SEQUENCE OF CONDITIONS, If only, which gove rise to immediate couse 101, storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  210 AUTOPSY2  110 ACCIDENT WAS UNDERLYING   211b. TIME OF INJURY OR CONTRIBUTING   CAUSE OF DEATH?  YES   NO   YES   YES   NO   YES   YES   YES   NO   YES	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)    MEDIATE CAUSE (b)   RESpiratory + Candal arrest   D - 7mc	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)    Manual Contribution   Manual Court   Manual	PART I. DEATH WAS CAUSE OF IMMEDIATE CAUSE (a) KESPITATORY & CANDIAL ANTEST O - 7 ME  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF UNITED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  [c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING TO ALM	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING   210. TIME OF INJURY OR CONTRIBUTING   210. AUCTORNIA CONTRIBUTION   210. AUCTORNIA CONTRIBUTIO	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost:  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  21c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? YES NO PERFORMED  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR 21d. INJURY OCCURRED  21d. INJURY OCCURRED	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying couse lost.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH HOUR A.M. MONTH DAY YEAR  (If EITHER NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED  211. INJURY OCCURRED  211. INJURY OCCURRED  211. INJURY OCCURRED  211. INDUMNIE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION  STREET  CITY OR TOWN  COUNTY  STATE	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying couse lost.  (c)  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DAY YEAR  (JETHER NOTH WAS UNDERLYING OR CONTRIBUTING TO DAY YEAR  (JETHER NOTH WAS UNDERLYING OR CONTRIBUTING TO DAY YEAR  (JETHER NOTH WAS UNDERLYING OR CONTRIBUTING TO DAY YEAR  P.M.  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DAY YEAR  P.M.  191 DAY  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF INJURY  HOUR A.M. MONTH DAY YEAR  P.M.  192 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF INJURY  HOUR A.M. MONTH DAY YEAR  P.M.  192 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF INJURY  HOUR A.M. MONTH DAY YEAR  P.M.  193 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR COUNTY OFFICE, FARM, ETC.)  211. LOCATION  STREET  CITY OR TOWN  COUNTY STATE	Conditions, if ony, which gove rise to immediate cause lost.  DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF CONTRIBUTION OF AS A CONSEQUENCE OF CONTRIBUTION OF CONTRIBUTIO	DUE TO, OR AS A CONSEQUENCE OF CONTROL CARRIAGO APPROX 24 CONSEQUENCE OF Underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying to DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  196. DATE OF OPERATION  196. CONDITION WAS UNDERLYING TO AUSES OF DEATH?  YES NO DEATH?	DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY  110. ACCIDENT WAS UNDERLYING   YES   NO   YES   NO    2110. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  YES   NO   YES   NO    2110. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  YES   NO   YES   NO   YES   NO    2110. AUTOPSY  2110. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  YES   NO   YES   NO   YES   NO    2110. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  YES   NO   YES   NO   YES   NO   YES    2110. AUTOPSY  2110. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  YES   NO   YES   NO   YES   NO   YES    2110. AUTOPSY  2110. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  YES   NO   YES   NO   YES   NO   YES    2110. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  YES   NO   YES   NO   YES    YES   NO   YES   YES   YES    YES   YES   YES   YES   YES    YES   YES   YES   YES   YES   YES    YES   YES   YES   YES   YES   YES    YES   YES   YES   YES   YES   YES   YES   YES   YES    YES	DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY? 210. ACCIDENT WAS UNDERLYING   YES   NO   YES   NO    210. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  YES   NO   YES   NO    2110. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  YES   NO   YES   NO   YES   NO    2110. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  YES   NO   YES   NO   YES   NO    2110. AUTOPSY?  2110. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  YES   NO   YES   NO   YES   NO    2110. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  YES   NO   YES   NO   YES   NO    2110. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  YES   NO   YES   NO   YES   NO    2110. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  YES   NO   YES   NO   YES   NO    2110. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  YES   NO   YES   NO   YES   NO    2110. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  YES   NO   YES   NO   YES   NO    2110. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  YES   NO   YES   NO   YES   NO    2110. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  YES   NO   YES   NO   YES   NO    YES   NO   YES   NO   YES   YES   NO   YES   NO    2110. HUNDRY OCCURRED   STREET FACTORY, OFFICE, FARM, ETC.)  STREET   CITY ON TOWN   COUNTY   STATE	DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  YES   NO   PART 1 OR PART	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF CONVICAL CAREINOMA Approx 240  DUE TO, OR AS A CONSEQUENCE OF CONVICAL CAREINOMA Approx 240  DUE TO, OR AS A CONSEQUENCE OF CONSEQUENC
Conditions, if ony, which gove rise to immediate couse lost.    DUE TO, OR AS A CONSEQUENCE OF	Conditions, if ony, which gove rise to immediate couse lost.  DUE TO, OR AS A CONSEQUENCE OF  IC)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH?  YES NO PORTON OR CONTRIBUTING CAUSE OF DEATH OR PART TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH?  HOUR A.M. MONTH DAY YEAR  190. PLACE OF INJURY  211. LOCATION  CIVAL OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  100. CONTRIBUTING CAUSE OF DEATH?  P.M. 19  211. LOCATION  CIVAL OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  110. CRETIFY INDICATE AND ITO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  110. CRETIFY INDICATE AND ITO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  110. CRETIFY INDICATE AND ITO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  110. CRETIFY INDICATE AND ITO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  110. CRETIFY INDICATE AND ITO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  110. CRETIFY INDICATE AND ITO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  110. CRETIFY INDICATE AND ITO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  110. CRETIFY INDICATE AND ITO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  110. CRETIFY INDICATE AND ITO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  110. CRETIFY INDICATE AND ITO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  110. CRETIFY INDICATE AND ITO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  110. CRETIFY INDICATE AND ITO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  110. CRETIFY INDICATE AND ITO THE TERMINAL DISEASE OR CONDITION	Conditions, if ony, which gove rise to immediate couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20a. AUTOPSY?  21a. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH HOUR A.M. MONTH DAY YEAR  (if EITHER NOTIFY MEDICAL EXAMINER)  21b. TIME OF INJURY  HOUR A.M. MONTH DAY YEAR  P.M.  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART TOR PART ?)  21d. INJURY OCCURRED  21e. PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION  STREET  CITY ON TOWN  COUNTY  STATE	Conditions, if ony, which gove rise to immediate couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  YES NO PYES NO PEATH?  YES NO PYES NO PEATH?  YES NO PYES NO PEATION  210. ACCIDENT WAS UNDERLYING ALUSE OF DEATH HOUR A.M. MONTH DAY YEAR  P.M. 19  210. HOW INJURY OCCURRED (ENTERNATURE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19  211. INJURY OCCURRED  212. PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM, ETC)  213. LOCATION  STREET  CITY OR TOWN  COUNTY STATE	Conditions, if ony, which gove rise to immediate couse lost.    DUE TO, OR AS A CONSEQUENCE OF	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. AUTOPSY? YES NO DEATH?	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO POWER PRODUCT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. AUTOPSY? YES NO POWER PRODUCT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 100. AUTOPSY? YES NO POWER PRODUCT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  210. AUTOPSY? 210. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO POWER PRODUCT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  210. AUTOPSY? 210. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO POWER PRODUCT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  210. AUTOPSY? 210. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO POWER PRODUCT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  210. AUTOPSY? 210. AUTOPSY? 210. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO POWER PRODUCT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  210. AUTOPSY? 210. AUTOPSY? 210. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO POWER PRODUCT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO PART IT	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. AUTOPSY? YES NO PRODUCE IN CERTIFYING CAUSES OF DEATH? YES NO PRODUCE IN CERTIFYING CAUS	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART   100  190. DATE OF OPERATION   190. CONDITION FOR WHICH OPERATION WAS PERFORMED   200. AUTOPSY?   200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?   YES   NO   YES	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART   1000  190. DATE OF OPERATION   190. CONDITION FOR WHICH OPERATION WAS PERFORMED   200. AUTOPSY2   200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES   NO   YES   N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG
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STREET COURSE OF DEATH. YES NO 2  210. ACCIDENT WAS UNDERLYING CAUSES OF DEATH. YES NO 2  210. ACCIDENT WAS UNDERLYING CAUSES OF DEATH. YES NO 2  210. ACCIDENT WAS UNDERLYING CAUSES OF DEATH. YES NO 2  210. ACCIDENT WAS UNDERLYING CAUSES OF DEATH. YES NO 2  210. ACCIDENT WAS UNDERLYING CAUSES OF DEATH. YES NO 2  210. ACCIDENT WAS UNDERLYING CAUSES OF DEATH. YES NO 2  210. ACCIDENT WA	190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  100. ACCIDENT WAS UNDERLYING  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH?  HOUR A.M. MONTH DAY YEAR  P.M. 19  210. HURCHIFY INDICAL EXAMINER)  211. INJURY OCCURRED  WHILE ONLY WHILE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION  STREET  CITY ON TOWN  COUNTY  STATE	190. DATE OF OPERATION   190. CONDITION FOR WHICH OPERATION WAS PERFORMED   200. AUTOPSY?   200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NO       210. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH? YES   NO       210. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH? YES   NO       210. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH? YES   NO       210. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH? YES   NO       210. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH? YES   NO       210. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH? YES   NO       210. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH? YES   NO       210. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH? YES   NO       210. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH? YES   NO       210. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH? YES   NO       210. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH? YES   NO       210. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH? YES   NO     210. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH? YES   NO     211. EVEN   CAUSE OF DEATH? YES   NO     212. PLACE OF INJURY   CAUSE OF DEATH? YES   NO     213. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH? YES   NO     214. BUT OF THE WAS UNDERLYING   CAUSE OF DEATH? YES   NO     215. PLACE OF INJURY   CAUSE OF DEATH? YES   NO     216. PLACE OF INJURY   CAUSE OF DEATH? YES   NO     217. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH? YES   NO     218. PLACE OF INJURY   CAUSE OF DEATH? YES   NO     219. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH? YES   NO     210. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH? YES   NO     211. EVEN   CAUSE OF DEATH? YES   NO     212. PLACE OF INJURY   CAUSE OF DEATH? YES   NO     213. EVEN   CAUSE OF DEATH? YES   NO     214. PLACE OF INJURY   CAUSE OF DEATH? YES   NO     215. PLACE OF INJURY   CAUSE OF DEATH? YES   NO     216. PLACE OF INJURY   CAUSE OF DEATH? YES   NO     217. EVEN   CAUSE OF DEATH? YES   NO     218. PLACE OF INJURY   CAUSE OF DEATH? YES   NO     219. EVEN   CAUSE OF DEATH? YES   NO     210. EVEN   CAUSE OF DEATH? YES   NO     210. EVEN   CAUSE OF DEATH? YES   NO     210. EVEN   CAUSE	
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M.  19  214. INJURY OCCURRED  216. PLACE OF INJURY  211. LOCATION	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  WHILE NOT WHILE STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	
OR CONTRIBUTING CAUSE OF DEATH  (If EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  21l. LOCATION	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (If EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d INJURY OCCURRED 21e, PLACE OF INJURY 211 LOCATION	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION STREET CITY OR TOWN COUNTY STATE	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d, INJURY OCCURRED  21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION STREET  CITY OR TOWN COUNTY STATE	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d, INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET  CITY OR TOWN  COUNTY STATE  AT WORK  AT WORK  OR A.M. MONTH DAY TEAR  P.M. 19  21l, LOCATION  STREET  CITY OR TOWN  COUNTY STATE	A S TO THE PARTY OF THE PARTY O
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d INJURY OCCURRED 21e, PLACE OF INJURY 211 LOCATION	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (If EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d INJURY OCCURRED 21e, PLACE OF INJURY 211 LOCATION	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (If EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d, INJURY OCCURED  21e, PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  21l LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  STATE	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER) VIA HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  21e. PLACE OF INJURY  (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY STATE	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY STATE	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1206 AUTOPSY2 1206 IF YES, WERE FINDINGS USED
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d INJURY OCCURRED 21e, PLACE OF INJURY 211 LOCATION	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (If EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d INJURY OCCURRED 21e, PLACE OF INJURY 211 LOCATION	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (If EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d, INJURY OCCURED  21e, PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  21l LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  STATE	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER) VIA HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  21e. PLACE OF INJURY  (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY STATE	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY STATE	IN CERTIFYING CAUSES OF DEATH?
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	CITY OF COMPANY ASSETS A STATE OF THE STATE	WHILE NOT WHILE (ATHOME STREET, PACTORY, OFFICE, FARM, ETC.)	WHILE NOT WHILE AT WORK AT WORK AT WORK	WHILE NOT WHILE AT WORK AT WORK AT WORK	TO CONTRACT CONTRACT TO CONTRA
TAT HOME STREET, FACTORY OFFICE FARM FICT	WHILE NOT WHILE THE TOWN STREET, PACTORY, OFFICE, PARM, CICY	AT WORK			OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION
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AI WORK AI WORK		1//0. certify that (I) (this haspital) attended the deceased from 1//0.1 \ 19.4 \ 10.1 \ 19.4 \ 10.1		40011 284 9	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d, INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE  AT WORK NOT WHILE AT WORK.
220.1 certify that (I) (this hospital) attended the deceased from 1949 3 1984, to 1984, that we (we) to	270.1 certify that (I) (this hospital) attended the deceased from ##1193 . 1984 , to ##1511 . 1984 , that the (we) to		can the decorated alive as FO / V / 10 A T will that in terms (over) provides death assured as the date and to send the send to the		OR CONTRIBUTING CAUSE OF BEATH  (# ETHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.)  22e. I certify that (I) (this hospital) attended the deceased from #### 3 , 19 8 4 , to ##### , that we we look
220.1 certify that (I) (this hospital) attended the deceased from ### 3	220.1 certify that (I) (this hospital) attended the deceased from 14119 3 19 844, to ALS 119 844, that we like sow the deceased alive on 19 844, and that in truly (our) opinion death occurred on the date and hour and from the causes stated obove; (th) (we) (did) (did not) view the body other death.	sow the deceased alive on	obove, this (we) (did) (this not) view the body offer depth.	obove_th (we) (did) that not view the body offer death.	OR CONTRIBUTING CAUSE OF DEATH  (# EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOTIFY HOLE IN OR STREET, FACTORY, OFFICE, FARM, ETC.)  220.1 certify that (I) (this hospital) attended the deceased from 19 months of the deceased of the saw the deceased of the de
270. I certify that (I) (this hospital) attended the deceased from 1984, to 1984, to 1984, that the (we) los sow the deceased alive on obove, the (we) (did) (thid not) view the body after death.  DEGREE	220.1 certify that (I) (this hospital) attended the deceased from 1997, and that in term) (our) opinion death occurred on the date and hour and from the couses stated obove, the (we) (did) that not) view the body after death.  22b. SIGNATURE  DEGREE  DEGREE	sow the deceased alive on	27b SIGNATURE  DEGREE  DEGREE  DEGREE	27b SIGNATURE  DECREE  DECREE	OR CONTRIBUTING CAUSE OF DEATH  (# EITHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. INJURY OCCURRED  WHILE NOTIFY HED (A HOME STREET, FACTORY, OFFICE, FARM, ETC.)  22a. I certify that (I) (this hospital) attended the deceased from 19  sow the deceased alive on 19  sow the dece
270. I certify that (I) (this hospital) attended the deceased from ### 3	270. I certify that (I) (this hospital) attended the deceased from 19 3 19 4 to 71.5 19 8 4 that we we) to say the deceased alive on 19 5 one that in the output of the deceased olive on 19 5 one that in the output of the deceased olive on 19 5 one that in the output of the deceased olive on 19 5 one that in the output of the deceased olive on 19 5 one that in the output of the deceased olive on 19 5 one that in the output of the deceased olive on 19 5 one that in the output of the deceased olive on 19 5 one that in the output of the deceased olive on 19 5 one that in the output of the deceased olive on 19 5 one that in the output of the deceased olive on 19 5 one that in the output of the deceased olive on 19 5 one that in the output of the deceased olive on 19 5 one that in the output of the deceased olive on 19 5 one that in the output of the deceased olive on 19 5 one that in the output of the deceased olive on 19 5 one that in the output of the deceased olive on 19 5 one that in the output of the deceased olive on 19 5 one that in the output of the deceased olive on 19 5 one that in the output of the deceased olive on 19 5 one the output of the deceased olive on 19 5 one the output of the output o	sow the deceosed olive on	27b SIGNATURE  DEGREE  ATTENDINGMEDICALSTAFF	275 SIGNATURE  DEGREY  ATTENDINGMEDICALSTAFF	OR CONTRIBUTING CAUSE OF DEATH  (# EITHER NOTEY MEDICAL EXAMINER)  P. M. 19  21d. IN JURY OCCURRED  21d. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  22d. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on obove, the (we) (did) this hospital) of the body offer death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF
220.1 certify that (I) (this hospital) attended the deceased from 1997, and that in term) (our) opinion death occurred on the date and hour and from the couses stated obove. The (we) (did) (this not) view the body after death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	27a. I certify that (I) (this hospital) attended the deceased from Hug 3 19 84 10 Ft. 5 19 84 that (we) to sow the deceased alive on obove; Ht (we) (did) (this hospital) view the body other death.  27b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	sow the deceosed olive on	275 SIGNATURE  DEGREY  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYS	275 SIGNATURE  DEGREY  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYS	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  22e. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on obove; th (we) (did) (this hospital) view the body ofter death.  22e. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on obove; th (we) (did) (this hospital) attended the body ofter death.  22e. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on obove; the body ofter death.  22e. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on obove; the body ofter death.  22e. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on obove; the body ofter death.  22e. I certify that (I) (this hospital) attended the deceased from state of the deceased from sow the deceased of the deceased from sow the deceased of the deceased of the deceased from sow the deceased of the deceased from sow the deceased of the deceased from sow the deceased from so
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220. I certify that (I) (this hospital) attended the deceased from	270.1 certify that (1) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	sow the deceosed clive on obove, the (we) (did) (third not) view the body ofter depth.  27b SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  27d PHYSICIAN DIRECTOR PHYSICIAN  27d PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN  27d ADDRESS 600 N WOLFE ST BALTO MD  CONNS HOP LANS HOSPILL STAFF PHYSICIAN DIRECTOR PHYSICIAN  27d ADDRESS 600 N WOLFE ST BALTO MD  CONNS HOP LANS HOSPILL STAFF CONNS HOSPILL STAFF CONNS HOP LANS H	27d. PHYSICIAN'S NAME (TYPE ORPRINT)  27d. PHYSICIAN'S NAME (TYPE ORPRINT)  27d. PHYSICIAN'S MAME (TYPE ORPRINT)	DEGREE  272 SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  272 ADDRESS 600 N WOLFE ST BALTO MD  B  While	OR CONTRIBUTING CAUSE OF DEATH  (# EITHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. IN JURY OCCURRED  WHILE ALWORK NOTIFY MEDICAL EXAMINER)  220. I certify that (I) (this hospital) ottended the deceased from 19 one obove—this (we) (did) (this not) view the body of the death.  220. I certify that (I) (this hospital) ottended the deceased from 19 one obove—this (we) (did) (this not) view the body of the death.  221d. PHYSICIAN'S MAME (TYPE OR PRINT)  222d. PHYSICIAN'S MAME (TYPE OR PRINT)
270.1 certify that (I) (this hospital) attended the deceased from 1994, that we keep to 1994, that we keep to sow the deceased alive on 1994, and that in timy) (our) opinion death occurred on the date and hour and from the couses stated obove; the (we) (did) (did not) view the body after death.  270. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF	270. I certify that (I) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	sow the deceosed clive on obove, the (we) (did) (third not) view the body other depth.  27b SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  27e ADDRESS 600 N WOLFE ST/ BALTO MD  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  27e ADDRESS 600 N WOLFE ST/ BALTO MD  AND AFF  COUNTY STAFF PHYSICIAN DIRECTOR PHYSICIAN  27e ADDRESS 600 N WOLFE ST/ BALTO MD  AND AFF  COUNTY STAFF PHYSICIAN DIRECTOR PHYSICIAN DOTHER  27e ADDRESS 600 N WOLFE ST/ BALTO MD  AND AFF  COUNTY STAFF  C	2726 PHYSICIAN'S MAME (TYPE OR PRINT)  2726 PHYSICIAN   DEGREY   ATTENDING   MEDICAL   STAFF   PHYSICIAN   DIRECTOR   PHYSICIAN    2726 PHYSICIAN'S MAME (TYPE OR PRINT)  2726 ADDRESS 600 N WOLFE ST BALTO MD Aft.  2736 BURIAL, CREMATION, REMOVAL 236 DATE   23c NAME OF CEMETERY OR CREMATORY   23d LOCATION   COUNTY   STATE	22d. PHYSICIAN'S MAME (TYPE OR PRINT)  22d. PHYSICIAN (SPECIFY)  23d. BURIAL, CREMATION, REMOVAL 23b. DATE  23d. NAME OF CEMETERY OR CREMATORY  23d. LOCATION COUNTY STAFF PHYSICIAN DIRECTOR PHYSICIAN DIR	OR CONTRIBUTING CAUSE OF DEATH  (# EITHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. IN JURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER  21e. PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION  STREET  CITY OR TOWN  COUNTY  STATE  (ITY OR TOWN  COUNTY  STATE  ATTENDING MEDICAL  STAFF  PHYSICIAN DIRECTOR PHYSICIAN  22d. PHYSICIAN'S MAME (TYPE OR PRINT)  22d. PHYSICIAN'S MAME (TYPE OR PRINT)  22d. BURIAL, CREMATION, REMOVAL  23d. BURIAL, CREMATION, REMOVAL  23d. BURIAL, CREMATION, REMOVAL  23d. BURIAL, CREMATION, REMOVAL  23d. DATE  23d. NAME OF CEMETERY OR CREMATORY  23d. LOCATION  CITY OR TOWN  COUNTY  STATE  ATTENDING MEDICAL  STAFF  PHYSICIAN  DIRECTOR PHYSICIAN  CITY OR TOWN  COUNTY  STATE  CITY OR TOWN  CITY OR TOW
TATHOME SINCEL FACTORY OFFICE FARM FICE	WHILE NOT WHILE NOT WHILE	AT WORK			IN CERTIFYING CAUSES OF DEA
			220 Location when (I) (this base itself) attended the descend from 1541/9 3	220. I certify that (I) (this hospital) attended the deceased from 1449 3 19 84 to 140 11 19 84, that the (we) let	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET FACTOR OFFICE FARM ETC.) STREET CITY OR TOWN COUNTY STATE
		and the standard to the standa		1/20 certify that (I) (this haspital) attended the deceased from 19 4 to 10 to	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  WHILE NOT WHILE NOT WHILE STREET, FACTORY, OFFICE, FARM, ETC.)  STATE  CITY OR TOWN  COUNTY  STATE
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220.1 certify that (I) (this hospital) attended the deceased from 1944 3 , 1984 , to 1984 , that we (we) to	220.1 certify that (1) (this hospital) attended the deceased from Hug 3 1984, to Aus 11, 1984, that we we let		cour the deceased alive as 10 / 10 / 7 and that is treet (our) assissed each assumed a standard day of the standard and the s		OR CONTRIBUTING CAUSE OF DEATH  (# EITHER, NOTHY MEDICAL EXAMINER)  P.M. 19  21d. IN JURY OCCURRED  TATHOME, STREET, FACTORY, OFFICE, FARM, ETC)  220.1 certify that (1) (this hospital) attended the deceased from 1993, 1984, to 1994, that we have been seen as the control of th
220.1 certify that (I) (this haspital) attended the deceased from 1900 1900 1900 1900 1900 1900 1900 190	220.1 certify that (1) (this hospital) attended the deceased from Hug 3 1984, to Aus 11, 1984, that we we let		sow the deceased plive on PDI 19 A T and that in the day and the date and how and from the source stated		OR CONTRIBUTING CAUSE OF DEATH  (# EITHER, NOTHY MEDICAL EXAMINER)  P.M. 19  21d. IN JURY OCCURRED  TATHOME, STREET, FACTORY, OFFICE, FARM, ETC)  220.1 certify that (1) (this hospital) attended the deceased from 1993, 1984, to 1994, that we have been seen as the control of th
220.1 certify that (I) (this haspital) attended the deceased from 1909 3 1984 to 10 1984, that we (we) to	220.1 certify that (1) (this hospital) attended the deceased from 14493, 1984, to AUS 11, 1984, that we like (we) for		and the decreased allowing the first that the state of th		OR CONIRBUTING CAUSE OF DEATH  (# EITHER, NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. IN JURY OCCURRED  21d. POLYMPIE AL WORK  NOTIFY HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  22d. I certify that (I) (this hospital) attended the deceased from 1993, 1984, to 1994, that we have been seen from 1995.
220.1 certify that (I) (this hospital) attended the deceased from 1944 3 , 1984 , to 1984 , that we (we) to	220.1 certify that (1) (this hospital) attended the deceased from 14493, 1984, to AUS 11, 1984, that we like (we) for			the same the decreased allowance to the state of the stat	OR CONIRBUTING CAUSE OF DEATH  (# EITHER, NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. IN JURY OCCURRED  21d. POLYMPIE AL WORK  NOTIFY HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  22d. I certify that (I) (this hospital) attended the deceased from 1993, 1984, to 1994, that we have been seen from 1995.
AT WORK AT WORK				4.011 .84	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NO] FY MEDICAL EXAMINER)  P. M.  19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE
AT WORK AT WORK				11.0 11 84 1	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NO] FY MEDICAL EXAMINER)  P. M.  19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE
AT WORK AT WORK				1.01184	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NO] HY MEDICAL EXAMINER)  P. M.  19  21d. IN JURY OCCURRED  71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE
AT WORK AT WORK				4.011 84 0	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NO] HY MEDICAL EXAMINER)  P. M.  19  21d. IN JURY OCCURRED  71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE
AT WORK AT WORK				11.0 11 84 1	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NO] FY MEDICAL EXAMINER)  P. M.  19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE
AT WORK AT WORK					OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NO] HY MEDICAL EXAMINER)  P. M.  19  21d. IN JURY OCCURRED  71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE
AT WORK AT WORK		TANK CETTER TOOL OF THOSE TOOL OF THE CONTROL OF TH	trail certify more to pain masking of the deceased from the deceas		OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NO] HY MEDICAL EXAMINER)  P. M.  19  21d. IN JURY OCCURRED  71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE
AT WORK AT WORK		1770   certify that (I) (this haspital) attended the deceased from 1770   19   4   10   17   10   7   that illustrated the deceased from 1770   19   4   10   17   17   18   18   18   18   18   18	1/20.1 centry that (i) (this hospital) attended the deceased from		OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M.  19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE
AT WORK		1 1270   certify that (1) (this haspital) attended the deceased from 1/4/19 3 10 X44 to 1777 10 X44		Transferring most (in time mesephot) differed deceased from	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M.  19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE
	AI WORK — AI WORK —	122 Levite at a 11 of the terral and at the standard of the 121 of the standard of the 121 of the standard of the 121 of the 121 of the standard of the 121 of the 12		1270   Certify that (I) (this hospital) attended the deceased from	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  WHILE NOT WHILE NOT WHILE STREET, FACTORY, OFFICE, FARM, ETC.)  STATE  CITY OR TOWN  COUNTY  STATE
	AT WORK — AT WORK —		1 120 Levelle, that (I) (this hamital) attended the decorate from 1641 4 . 3	1220.1 certify that (I) (this haspital) attended the deceased from	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY  WHILE NOT WHILE 1 NOT WHILE 1 STREET, FACTORY, OFFICE, FARM, ETC.)  STREET CITY OR TOWN COUNTY STATE
			120 Location start (I) (abit benefit of standard the decoration (1949) 3 10 8th 1 1975	220.1 certify that (I) (this haspital) attended the deceased from 1949 3 19 84 to 1945 1 1944 that we like	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  WHILE NOT WHILE NOT WHILE STREET, FACTORY, OFFICE, FARM, ETC.)  STATE  CITY OR TOWN  COUNTY  STATE
	4700				OR CONTRIBUTING CAUSE OF DEATH  (# EITHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY  WHILE NOT WHILE STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE
	- WOLL NOT WHILE	AT WORK AT AT WORK	AI WORK	AI WORK	OR CONTRIBUTING CAUSE OF DEATH  (# EITHER NOTIFY MEDICAL EXAMINER)  P. M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY 1AT HOME STREET, FACTORY OFFICE FARM ETC.)  STREET  CITY OR TOWN  COUNTY  STATE
		- WHILE NOT WHILE	AT WORK AT WORK	AT WORK AT WORK	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  21l. LOCATION  CHYCLORY
		- WOLL NOT WAILE	AT WORK	AT WORK	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  21l. LOCATION  CHYCLORY
TAT HOME STREET, FACTORY OFFICE FARM FICT		WHILE NOT WHILE	WHILE NOT WHILE AT WORK AT WORK	WHILE NOT WHILE AT WORK AT WORK	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  211 LOCATION  CHYCLORY  CHYCHYCLORY  CHYCLORY  CHYCLORY  CHYCLORY  CHYCLORY  CHYCLORY  CHYCLO
(AT HOME STREET FACTORY OFFICE FARM FTC.) STREET CITY OR TOWN COUNTY STATE		WHILE NOT WHILE	WHILE NOT WHILE AT WORK AT WORK	WHILE NOT WHILE AT WORK AT WORK	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  211 LOCATION
CIDED CONTROL		WHILE NOT WHILE   (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	WHILE NOT WHILE AT WORK AT WORK	WHILE NOT WHILE AT WORK AT WORK	OR CONTRIBUTING CAUSE OF DEATH  (If EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  21l. LOCATION
		WHILE NOT WHILE   NOT WHILE   (AT HOME STREET, PACTORY, OFFICE, PARM, ETC.)	WHILE NOT WHILE ALL WORK ALL W	WHILE NOT WHILE ALL WORK ALL W	TO CONTRACT CONTRACT TO CONTRACT TO THE AMERICAN MODITAL DAY YEAR 1
	CITY OF TOWN COUNTY STATE	WHILE NOT WHILE   (AT HOME STREET, PACTORY, OFFICE, PARM, ETC.)	WHILE NOT WHILE ALL WORK ALL W	WHILE NOT WHILE ALL WORK ALL W	TO CONTRACTOR TO CONTRACTOR TO THE TOTAL AND MONTH DAY YEAR I
	STATE CHARLES COMMANDED TO STATE	WHILE NOT WHILE   (AT HOME STREET, PACTORY, OFFICE, PARM, ETC.)	WHILE NOT WHILE ALL WORK ALL W	WHILE NOT WHILE ALL WORK ALL W	TO CONTRACTOR TO CONTRACTOR TO THE TOTAL AND MODIFIED AND THE TOTAL AND
	STORET CHYOR TOWN COUNTY STATE	WHILE NOT WHILE   (AT HOME STREET, PACTORY, OFFICE, PARM, ETC.)	WHILE NOT WHILE AT WORK NOW HILE AT WORK NOW HILE AT WORK NOW HILE AT WORK NOW HILE	WHILE NOT WHILE ALL WORK ALL W	TO CONTRACTOR TO CONTRACTOR TO THE TOTAL AND MODILE DAY YEAR I
	CIDEST CITY OF TOWN FOUNTY STATE	WHILE NOT WHILE   NOT WHILE   (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, PACTORY, OFFICE, PARM, ETC.)	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, PACTORY, OFFICE, PARM, ETC.)	TO CONTRACT CONTRACT TO CONTRA
	CIDEST CITY OF TOWN COUNTY STATE	WHILE NOT WHILE   (AT HOME STREET, PACTORY, OFFICE, PARM, ETC.)	WHILE NOT WHILE   NOT WHILE   (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	WHILE NOT WHILE   NOT WHILE   (AT HIDME STREET, FACTORY, OFFICE, FARM, ETC.)	TO CONTRACTOR TO CONTRACTOR TO THE TOTAL AND MODILE DAY YEAR I
	CIDEST CITY OF TOWN COUNTY STATE	WHILE NOT WHILE   NOT WHILE   (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, PACTORY, OFFICE, PARM, ETC.)	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, PACTORY, OFFICE, PARM, ETC.)	TO CONTRACT CONTRACT TO CONTRA
	CITY OF TOWN COUNTY STATE	WHILE NOT WHILE   (AT HOME STREET, PACTORY, OFFICE, PARM, ETC.)	WHILE NOT WHILE   NOT WHILE   (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	WHILE NOT WHILE AT WORK NOW HILE AT WORK ALL WORK	TO CONTRACTOR TO CONTRACTOR TO THE TOTAL AND MODILE DAY YEAR I
	COSET CITY OF TOWN FOUNTY STATE	WHILE NOT WHILE   (AT HOME STREET, PACTORY, OFFICE, PARM, ETC.)	WHILE NOT WHILE AT WORK NOW HILE AT WORK NOW HILE AT WORK NOW HILE AT WORK NOW HILE	WHILE NOT WHILE ALL WORK ALL W	TO CONTRACTOR TO CONTRACTOR TO THE TOTAL AND MODIFIED AND THE TOTAL TO THE TOTAL TOT
THE FLACE OF INJURY I/I LOCATION	THE PROJUNT OCCUPANTS	WHILE NOT WHILE   (AT HOME STREET, PACTORY, OFFICE, PARM, ETC.)	WHILE NOT WHILE AT WORK NOW HILE AT WORK NOW HILE AT WORK NOW HILE AT WORK NOW HILE	WHILE NOT WHILE ALL WORK ALL W	TO CONTRACTOR TO CONTRACTOR TO THE TOTAL AND MODIFIED AND THE TOTAL TO THE TOTAL TOT
THE TAIL INJURY OCCURRED TAIL PLACE OF INJURY TAIL LOCATION	THE PLACE OF INJURY THE STATE OF INJURY STATE	WHILE NOT WHILE   (AT HOME STREET, PACTORY, OFFICE, PARM, ETC.)	WHILE NOT WHILE AT WORK NOW HILE AT WORK NOW HILE AT WORK NOW HILE AT WORK NOW HILE	WHILE NOT WHILE ALL WORK ALL W	TO CONTRACTOR TO CONTRACTOR TO THE TOTAL AND MODIFIED AND THE TOTAL TO THE TOTAL TOT
■ □ IZId INJURY OCCURRED 121e, PLACE OF INJURY 1211 LOCATION	ZII. I DOCATION 211. PLACE OF INJURY 211. LOCATION COUNTY STATE	WHILE NOT WHILE   (AT HOME STREET, PACTORY, OFFICE, PARM, ETC.)	WHILE NOT WHILE AT WORK NOW HILE AT WORK NOW HILE AT WORK NOW HILE AT WORK NOW HILE	WHILE NOT WHILE ALL WORK ALL W	TO CONTRACTOR TO CONTRACTOR TO THE TOTAL AND MODILE DAY YEAR I
■ 121 INJURY OCCURRED 121e, PLACE OF INJURY 1211 LOCATION	21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE	WHILE NOT WHILE   (AT HOME STREET, PACTORY, OFFICE, PARM, ETC.)	WHILE NOT WHILE AT WORK NOW HILE AT WORK NOW HILE AT WORK NOW HILE AT WORK NOW HILE	WHILE NOT WHILE ALL WORK ALL W	TO CONTRACTOR TO CONTRACTOR TO THE TOTAL AND MODIFIED AND THE TOTAL TO THE TOTAL TOT
■ 121 INJURY OCCURRED 121e, PLACE OF INJURY 1211 LOCATION	21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE	WHILE NOT WHILE   (AT HOME STREET, PACTORY, OFFICE, PARM, ETC.)	WHILE NOT WHILE AT WORK NOW HILE AT WORK NOW HILE AT WORK NOW HILE AT WORK NOW HILE	WHILE NOT WHILE ALL WORK ALL W	TO CONTRACTOR TO CONTRACTOR TO THE TOTAL AND MODIFIED AND THE TOTAL TO THE TOTAL TOT
■ 1 □ 121d INJURY OCCURRED 121e, PLACE OF INJURY 1211 LOCATION	21d INJURY OCCURRED 21e. PLACE OF INJURY 21I LOCATION	WHILE NOT WHILE   NOT WHILE   (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, PACTORY, OFFICE, PARM, ETC.)	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, PACTORY, OFFICE, PARM, ETC.)	TO CONTRACT CONTRACT TO CONTRACT TO THE AMERICAN MONTH DAY YEAR I
21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION	21d. INJURY OCCURRED 21e. PLACE OF INJURY 21L LOCATION CIDED CITY OF TOWN COUNTY STATE	WHILE NOT WHILE (ATHOME STREET, FACTORY, OFFICE, FARM, ETC.)	WHILE NOT WHILE AT WORK AT WORK AT WORK	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, PACTORY, OFFICE, PARM, ETC.)	TO CONTRACT CONTRACT TO CONTRACT TO THE PART OF THE PA
21d, INJURY OCCURRED 21e, PLACE OF INJURY 211, LOCATION	21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION	* WHILE NOT WHIL	WHILE NOT WHILE ALL WORK (A FINANCE)	WHILE NOT WHILE AT WORK AT WORK (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	A COLUMNIA C
216 NJURY OCCURRED 216. PLACE OF INJURY 211 LOCATION	21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION	WHILE NOT WHILE THE STREET, FACTORY, OFFICE, FARM, ETC.)	WHILE NOT WHILE AT WORK AT WORK AT WORK	WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK	TOUR AM MONIE DAY YEAR I
(If EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e, PLACE OF INJURY 211 LOCATION	(If ELIMER NOTIFY MEDICAL EXAMINER) P. M. 19  21d, INJURY OCCURRED 21e, PLACE OF INJURY 211 LOCATION COUNTY STATE	WHILE NOT WHILE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	WHILE NOT WHILE AT WORK AT WORK AT WORK	WHILE NOT WHILE AT WORK AT WORK AT WORK	TO CONTRACT OF STATE
[# EITHER NOTIFY MEDICAL EXAMINER] P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21I. LOCATION	(If EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d, INJURY OCCURRED 21e. PLACE OF INJURY 21L LOCATION CITY OF TOWN COUNTY STATE	WHILE NOT WHILE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	WHILE NOT WHILE AT WORK AT WORK AT WORK	WHILE NOT WHILE AT WORK AT WORK AT WORK	TO CONTRACTOR TO COURS OF THE COURS AS MONTH DAY YEAR I
4 (# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e, PLACE OF INJURY 211 LOCATION	(# EITHER NOTIFY MEDICAL EXAMINER) P. M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21I. LOCATION	FEITHER NOTIFY MEDICAL EXAMINER  P.M. 19	FEITHER NOTIFY MEDICAL EXAMINER  P.M. 19	FEITHER NOTIFY MEDICAL EXAMINER  P.M. 19	TO CONTRACT CONTRACT TO CONTRACT TO THOUGH A M. MONTH DAY YEAR I
THE STATE OF THE PROJECT PROJECT OF TRANSPORT OF THE PROJECT	(# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21I LOCATION	The Either Notify Medical Examiner)   P.M.   19	THE EINER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK AT WORK COUNTY  AT WORK AT WORK COUNTY  STATE	THE EINER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOT WHILE ALWORK ALWORK THE STREET, FACTORY, OFFICE, FARM, ETC.)  19  211. LOCATION STREET  CITY OR TOWN COUNTY STATE	IN CERTIFYING CAUSES OF DEATH?  YES NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MOINTH DAT TEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d INJURY OCCURRED 121e-PLACE OF INJURY 211 LOCATION	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAT TEAK  LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAT TEAR  (# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d INJURY OCCURRED  WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  121 LOCATION  STREET  CITY OR TOWN  COUNTY STATE	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	IN CERTIFYING CAUSES OF DEATH?  YES NO
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  214 INJURY OCCURRED  216, PLACE OF INJURY  211 LOCATION	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY  WHILE NOT WHILE 1 NOT WHILE 1 COUNTY  STATE  CITY OR TOWN COUNTY  STATE	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION STREET  CITY OR TOWN  COUNTY  STATE	YES NO WEST NO
OR CONTRIBUTING CAUSE OF DEATH  (If EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  21l. LOCATION	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (If EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d INJURY OCCURRED 21e, PLACE OF INJURY 211 LOCATION	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION STREET CITY OR TOWN COUNTY STATE	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d, INJURY OCCURRED  21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION STREET  CITY OR TOWN COUNTY STATE	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d, INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET  CITY OR TOWN  COUNTY STATE  AT WORK  AT WORK  OR A.M. MONTH DAY TEAR  P.M. 19  21l, LOCATION  STREET  CITY OR TOWN  COUNTY STATE	YES NO THE ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 115th 18 PART 1 OR PART 2)
THE GIFTER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY 21I. LOCATION	(# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21I LOCATION	THE EINFER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION STREET  CITY OR TOWN COUNTY STATE	THE EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  NOTIFIED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	THE EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOTIFIED (AT HOME, STREEF, FACTORY, OFFICE, FARM, ETC.)  NOTIFIED (AT HOME, STREEF, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	YES NO PENTENDENT NO PROPERTY
(# EITHER NOTHEY MEDICAL EXAMINER) P.M. 19    The contraction of the c	(# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY 211. LOCATION COUNTY	THE CHINER NOTIFY MEDICAL EXAMINER  P.M. 19	THE EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOT WHILE ALWORK ALWORK ALWORK TO THE ALWORK AL	THE EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOT WHILE ALWORK ALWORK ALWORK THE FACTORY, OFFICE, FARM, ETC.)  19  211. LOCATION STREET  CITY OR TOWN COUNTY STATE	YES NO W YES NO W IN CERTIFYING CAUSES OF DEATH?  YES NO W YES NO W YES NO W INJURY OCCURRED (ENTER NATURE OF INJURY IN HEM 18 PART 1 OR PART 2)
THE GIFTER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY 21I. LOCATION	(# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21I LOCATION	THE EINFER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION STREET  CITY OR TOWN COUNTY STATE	THE EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  NOTIFIED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	THE EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOTIFIED (AT HOME, STREEF, FACTORY, OFFICE, FARM, ETC.)  NOTIFIED (AT HOME, STREEF, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	YES NO REALIFYING CAUSES OF DEATH?
(# EITHER NOTHEY MEDICAL EXAMINER) P.M. 19    The contraction of the c	(# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY 211. LOCATION COUNTY	THE CHINER NOTIFY MEDICAL EXAMINER  P.M. 19	THE EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOT WHILE ALWORK ALWORK ALWORK TO THE ALWORK AL	THE EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOT WHILE ALWORK ALWORK ALWORK THE FACTORY, OFFICE, FARM, ETC.)  19  211. LOCATION STREET  CITY OR TOWN COUNTY STATE	THE CERTIFYING CAUSES OF DEATH?  YES NO WAS UNDERLYING 121b. TIME OF INJURY  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)
THE GIFTER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY 21I. LOCATION	(# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21I LOCATION	THE EINFER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION STREET  CITY OR TOWN COUNTY STATE	THE EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  NOTIFIED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	THE EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOTIFIED (AT HOME, STREEF, FACTORY, OFFICE, FARM, ETC.)  NOTIFIED (AT HOME, STREEF, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	IN CERTIFYING CAUSES OF DEATH?  YES NO 210. ACCIDENT WAS UNDERLYING 211. TIME OF INJURY  210. ACCIDENT WAS UNDERLYING 211. TIME OF INJURY  210. ACCIDENT WAS UNDERLYING 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
(# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION	(# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION	(# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 211 LOCATI	(# EITHER NOTIFY MEDICAL EXAMINER) P. M. 19  21d. INJURY OCCURRED  WHILE NOT WHILE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION  STREET  CITY OF TOWN  COUNTY  STATE	(# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK COUNTY STATE  AT WORK AT WORK COUNTY STATE  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	YES NO
(# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 1211. LOCATION	(# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION	(It ETHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY ON TOWN COUNTY STATE	[# ETHER NOTIFY MEDICAL EXAMINER] P.M. 19 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER] VALUE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY ON TOWN  COUNTY  STATE	[# ETHER NOTIFY MEDICAL EXAMINER] P.M. 19  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER] VIA PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY ON TOWN  COUNTY  STATE	YES NO
GHETHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION	(# ELIFER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21I. LOCATION CHICAGO CONTROL CON	(# ELIFER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	(# ELINER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY WHILE NOTIWHILE AT WORK	(# ELIFER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED  WHILE NOTIWHILE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  AT WORK OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)	YES NO
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  [IF EITHER NOTIFY MEDICAL EXAMINER] P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY 21I. LOCATION	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (If EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d, INJURY OCCURRED 21e, PLACE OF INJURY 211 LOCATION	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAK  (If EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d, INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  STATE  CITY OR TOWN COUNTY STATE	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d, INJURY OCCURRED  21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l, LOCATION STREET  CITY OR TOWN  COUNTY  STATE	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d, INJURY OCCURRED  21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	YES NO
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M.  19  214. INJURY OCCURRED  216. PLACE OF INJURY  211. LOCATION	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  WHILE NOT WHILE STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	YES NO
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  214 INJURY OCCURRED  216, PLACE OF INJURY  211 LOCATION	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY  WHILE NOT WHILE 1 NOT WHILE 1 COUNTY  STATE  CITY OR TOWN COUNTY  STATE	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION STREET  CITY OR TOWN  COUNTY  STATE	YES NO
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  21l. LOCATION	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  WHILE NOT WHILE 1  CITY OR TOWN  COUNTY  STATE	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER) P. M. 19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER) P. M. 19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	YES NOTE YES NO TO YES NO YES NO TO YES NO YES NO TO YES NO TO YES NO YES NO TO YES NO
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  210. INJURY OCCURRED  210. PLACE OF INJURY  211. LOCATION	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  21l. LOCATION  CIV. PLACE  CIV. PLACE OF INJURY  21l. LOCATION	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  VALUE NOT WHILE NOT WHILE STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M.  19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NO] FY MEDICAL EXAMINER)  P. M.  19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	✓ IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  210. INJURY OCCURRED  210. PLACE OF INJURY  211. LOCATION	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  21l. LOCATION  CIV. PLACE  CIV. PLACE OF INJURY  21l. LOCATION	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  VALUE NOT WHILE NOT WHILE STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M.  19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NO] FY MEDICAL EXAMINER)  P. M.  19  21d. IN JURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE	THE CONDITION TO SERVICE THE CONDITION TO SERVICE THE

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**DHMH - 17** 

(VR A15 ME (5)) 20M 4/B2

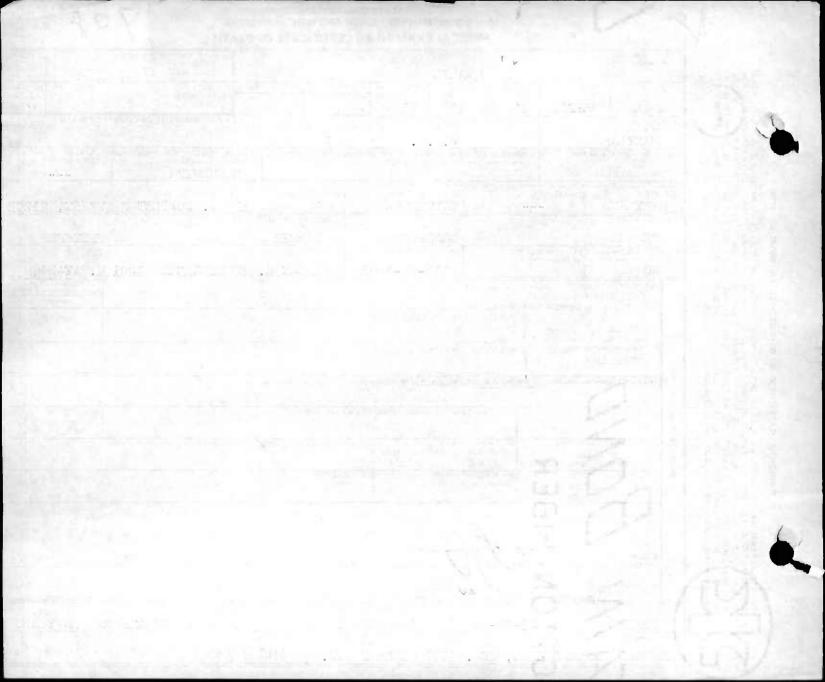
FOR STATE

	STATE	OF M	ARYL	AND
DEPARTMENT	OF HE	ALTH.	AND	MENTAL

HYGIENE

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PEG 1	NO	1		

R	EGISTRAR		MED	ICAL EXAM	JIMEK 2	CERTIFICA	I E OF I	DEATH R	EG. NO.		
	EASED NAME	FIRST		MIDDLE		LAST		20 DATE KNO	HINOW N	DAY YEAR	26 HOUR
(TIPE	OKPRINI)	EVELYN	M	ARIE		OUINN		OF EST DEATH MAT		5/84	_ M
3 SEX	4	RACE	DATE OF BIRTH	6. AGE I	IN YEARS IF U	NDER 1 YR. IF	JNDER 24 I		MONTH	DAY YEAR	8:15 HBUR
FE	MALE	WHITE		13 71	YRS.	THS DAYS HO	OURS MI	PRONOUNCED DEAD	8/2	5/849	A
	THPLACE (514	TE OR	Th CITIZEN OF WHA		8. MARI	RIED NEVER	MARRIED	9 BALTIMORE	CITY OR COUNT		
	MARYLAN	ID		U.S.A.				Balti	more Cit	У	MD
10 CIT	Y OR TOWN C	F DEATH	11. NAME OF HOSP			HER INSTITUTION	V 12c	FOR MOST OF WORKING L		12b. KIND OF BU OR INDUSTI	SINESS
	Balt	imore		sity Hosp				HOUSEWIFE	· .		
JSUAL 30. ST		F IN NURSING HOME OR	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE AD		1134 INSIDE CITY L	mirca Isa	street Address			115
	ARYLANI			BALTIMO		-	10 🗆	139 S. POI	PLETON	STREET.	21202
14 FA1	THER'S NAME	-	MIDDLE	LAST		15. MOTHER'S	MAIDEN			LAST	
	GEORGE		MIDULE	CRAWFOR	D	NANN	IE	WIDDLE		FLETCHE	R
	AS DECEASED	EVER IN U.S. ARM		166. SOCIAL SEC	URITY NO.	17. INFORMAN	ĬT .	AD	DRESS		
	NO	(IF TES, GIVE W	AR OR DAILS)	217-07	-2003	SHIRLE	Y R.	SCHNEBERGE	ER 3801	W. PATAL	SGO
			one couse per line f	or (o), (b), and (c).	.)					APPROXIMATE BETWEEN ONSE	INTERVAL
	PARTIDEA	TH WAS CAUSED	At	rterioscl	lerotic	Cardio	vascu	lar Diseas	e	DET WEEK OKSE	AND DEAT
		III DIATE		S A CONSEQUEN	NCE OF						
	Conditions	, if ony, which									
	gove rise	to immediate	(b)								
		toting the under-	DUE TO, OR A	S A CONSEQUEN	NCE OF						
	lying cous	e lost.	(c)							-	
	PART 2 OTHER SIG	NIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BU	IT NOT RELATED TO THE	TERMINAL DISEA	SE OR CONDITION GIV	EN IN PART 1				
		_		THE RELATED TO THE	TERMINAL DISCA	JE OK CONDITION GIV	TH IN LAKE 1	W.			
E I	19a. DATE OF	DPERATION	196 CONDITION	ON FOR WHICH O	OPERATION V	VAS PERFORMEI	)?			20 AUTOPSYS	
FICATION										YES 🗍	NO X
E .	210 EXTERNAL	CAUSEWAS	21b. TIME OF I			IOW INJURY OC	CURRED II	ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PAI		NO (E)
ALC	UNDERLYING	G CAUSE OF DE		MONTH DAY	YEAR						
× F	214 INITIDY O	CCLIBBED		F INJURY   AT HOM		CATION					
M	WHILE AT WORK	NOT WHILE		DRY, FARM, ETC.1		STREET		CITY OF TOWN	COL	YINL	STATE
	AI WORK	AT WORK									
	220   certify	that I took charge	of the remains descr	ibed obove, held	on Auto	osy . In	spection L	, Inquiry X	and in my op	inion	
-	death resulte	d from: Noturo	l couses X	Accident .	Suicide	, Homicide		Indetermined monner	<u></u>		
			- HX			TITLE (SPEC					
	ACTUAL SIGNATURE_		2///	/		A.D. Assi	stant	MEDICAL EXAMINER	DATE	<sub>D</sub> 8/25/	84
-			-//6	/							
	EXAMINER'S N (TYPE OR PRIN		Try R. Kal	Wffman, M	M.D.	ADDRESS	111 P	enn St.			
230.BU	RIAL, CREMAT	ION, REMOVAL 23	-			OR CREMATORY	2	3d LOCATION	COUP	aty	ATE
	BURIAL		08-28-84	LO	RRAINE	PARK		WOODLAWN	BALTIMO		LAND
	NERAL DIRECT				2122		DATE REC	D. BY REGISTRAR 25	REGISTRAR'S S	IGNATURE	
		FUNERAL H	OME, INC.	4107 WT			AUG S	2 7 100/	fulia David	son-Gandal	32
				.20, 112		B	AUU_	C3 _ ( _ L7U*T _ L4		-	



STATE OF MARYLAND FOR STATE REGISTRAR CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIRNE

								REG. NO.			
1		CEASED NAME FIRST	1	MIDDLE		810.	41	20. DATE OF DEATH MOT	TH DAY	YEAR	26. HOUR
1		NATUC	-9	ANN	/-	44	$\sim$	8-	1.1-	84	1. PM
	B. SEX		4. RACE		5. DATE	OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRTHDA	MONTH	DER I YEAR	IF UNDER IN HRS
1	121	emale	15	> lack	7		912	72	YRS		
4		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	ED NEVER MARI	RIED -	BALTIMORE CITY OR C	OUNTY OF E	DEATH	
/1	s.	Carolina	U. S	. A.	WIDOW			Baltimore (	ity		MD.
0	0. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUT	NOI	12a. USUAL OCCUPATION		b. KIND O	F BUSINESS OR
71	B	altimore		ent Hospi				Homemaker			me
K	USU /	AL RESIDENCE (IF NURSING HOME TATE 136 CO		GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY L	I COTIANI	13e STREET ADDRESS 510	9 Bel	levil	le Ave.
21		aryland	0/4/1	Baltimo				Baltimore, 1			
		THER'S NAME				15 MOTHER'S MA		NE .			
W		Johnny	MIDDLE	Richards	on	Ann		Lisa		Oli	ver
7		VAS DECEASED EVER IN U.S.		166 SOCIAL SECU		17. INFORMANT		5109 BETTE	rille A		
	-1,	NO. [IF YES,	GIVE WAR OR DATES)	219-28-8	352	Judy Bai	lev	Baltimore,			
-		18 CAUSE OF DEATH (Enter	naly nao says a na			pac, bel		Duz czinoze,	I		MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAU	SED BY:			MONTE	Y K	RREST	2.0	BEIWEEN	DNSET AND DEATH
-		IMMED	IATE CAUSE (0)			310 (00 14 N 1=	/	1			
		Conditions if any other	DUE TO, C	ATHERUS	NCE OF	etic CAO	MOHO	SCULAR DIS	FASE		
		Conditions, if any, which gove rise to immediate	) (b) 1	TITERNO	<u>ur</u> ~	TOR	ar v Vr	TOCUPAIN DIE	CADY		
		couse (0), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUE	NCE OF	BROVASC	10) 4-0	ACCIDEN	IT		
		DART O OTHER CICAUSICAN	(c)	ANU C	LKV	BRUVIJC	4601	- Maile			
	N	PART 2. OTHER SIGNIFICAN	TO A	TILLCT	Z I C	MI DOG	THE TERMI	CALORIE	TCIT	PART 10	KY
1	ATIC	190 DATE OF OPERATION	110h COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORME	CAV	20a AUTOPSY? 20	b. IF YES, WE	RE EINDIN	JGS LISED
1	FIC.	THE DATE OF OTERATION	174. CO.10	more or willen	OT EXAMPLE	JAN THAN EN ONNE		II.	CERTIFYING		OF DEATH?
4	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME C	F IN HIPY		1216 HOW IN HIP	V OCCUPPI	YES NO DED (ENTER NATURE OF INJURY IN	YES	20.01.01	NO [
7		OR CONTRIBUTING CAUSE OF		M. MONTH DA	AY YEAR	THE TIE W II YOUR	OCCORR	ED (ENIEK NATURE OF INJURY IN	ILEW IS PART I	JR PART 21	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM)		M. OF INJURY	19	211. LOCATION					
7.1	MEC			REET, FACTORY, OFFICE, F	ARM, ETC )	STREET		CITY OF TOWN		OUNTY	STATE
		AT WORK AT WORK			MA	12	24	1.6.04	17	94	
		22a.1 certify that (1) (this ha saw the deceased alive	13 11 -		84	111-1-1-1-1	907	to Mugrus /	. 19_		that (1) (we) lost
		above, (1) (we) (did) (did			<del></del>		) opinion a	eath accurred on the date of			
		226. SIGNATURE	) -/			DEGREE	NDING _	MEDICAL STAFF		22c. DATE	SIGNED
4		CC	any	me		PHYS	SICIAN	DIRECTOR PHYSICIAN	0	8-	1/-84
	M	22d. PHYSICIAN'S NAME 1111	CONTRIPUTED BY	CAIE		22e ADDRESS		TUT 1/00	0170	1	
		C.C.8	LITA	Crut		1/20	070	DOI LOS	MILA	4	
ľ		SURIAL, CREMATION, REMOV	AL 23b. DATE	23c. h	NAME OF	CEMETERY OR CREA	MATORY	23d LOCATION CITY OR TOWN	/^	INTY	CTATE
		Burial	8/22/	1984 Art	utus	Memorial	Park	E	Baltimo	ore,	, Maryland
		THE TREE SONS		wynns Fal				REC'D. BY REGISTRAR 256.			
	Fu	neral Home Inc	. Baltim	ore, Mary	land	21216	AUG	2 1 1984	na Lavid	DON-N	سامعمد

DHMH - 16 50M 1/81 (VRA 15, 4)

a. Crolla Floirer Cit Esttimore Provident Housefur Housefur Housefur horylend . 37,0m Johnny i district on the Oliver Thoracoul allivilles told ul general such action entries, Maryland 21207

Burial E/ET/198s Are des Account Park Belthmore, Maryland Wither Lone Call Givens Falls Friend Purperal Home Inc. Daltimore, Maryland 21216 | Aug 25 4 404

20M 4/82

STATE OF MARYLAND

1 Mr. 10, 102 2 3 Colored St. X ... X ... Manual St. J. 2025 This is a summary of the thought I have a market with the total of the total The second of th

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE FOR

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1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	o. //	
	CEASED NAME FIRST	9 RANG	tolph	8-10-84	MONTH DAY YEAR	26 HOUR
3. SE	FEMALE	B/Ack	5. DATE OF BIRTH  AONTH  DAY  YEAR  YEAR	6 AGE (IN YEARS LAST BIR	THDAY)  IF UNDER 1 YEA  MONTHS: DAY:  YRS.	
	IRTHPLACE (STATE OR FOREIGN COUNTRY) ARK.	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	10 11/5	MORE CI	+1 M
E	BALLIMORE	FEDERAL HILL	SHOME OR OTHER INSTITUTION  OPESS!  VSG. CENTER	Type of work for most of Domes ti	F WORKING LIFE) INDUSTR	
13a. S	AL RESIDENCE (IF NURSING HOME OF	TY II3c CITY OR JOWN	13d. INSIDECITY LIMITS?	256 5	ZIP CADE 2123	Cour
	HENRY	MIDDLE CATHASTA)	15 MOTHER'S MAIDEN NAM	11E MODE	HAR	NEY
	NAS DECEASED EVER N U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 166 SOCIAL SECUR (E WAR OR DATES) 2/8 444	17. INFORMANT 8216 CHART	ADDRE	213/191	5+5%.
	PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and D BY: TE CAUSE (o)	te Myreardia	1 Infarch	-	MFDIAT
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)	ASCUD			
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMI	INAL DISEASE OR CON		
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH C	PERATION WAS PERFOR ID	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUS YES	
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY	Y YEAR 19	ED (ENTER NATURE OF INJU	RY IN ITEM IS PART 1 OR PART 2	)
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	RM, ETC.)  211 LOCATION STREET	CITY OR 10	wn county	STATE
	saw the deceased alive or above, (1) (we) (did) (did no	otton ottended the deceosed from 19	d that in (my) (our) opinion of	to death occurred on the de		
	22b. SIGNATURE	ullan		MEDICAL STAI	FF 2	TE SIGNED
	5. y. KH	AN MI		WILLIAM	DRIVE,	Bolts.
	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	23b. DATE 8/10/84	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
			BALTO., MD. 250 DATE General AUG		256 REGISTRAR'S SIGN	ATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formers should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

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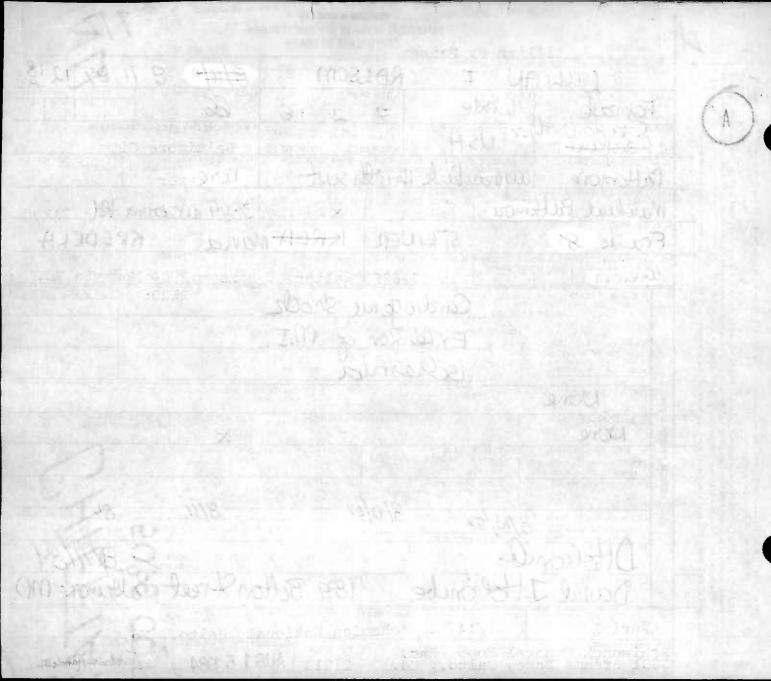
requires that the death certificate be executed within 24 hours after de

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or ottending physician.

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

	•	REGISTRAR I.111	ian F. Ranson	CERTIFICA	TE OF DEATH	REG. N		
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Politied of	_	YOR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FA DITY, GIVE STREET)	G HOME OF O	THER INSTITUTION	120 USUAL OCCUPAT	ION DE WORKING LIFE) INDUSTRY	OF BUSINESS C
of State	W	L RESIDENCE (IF NURSING HOME OR O	ther institution, give residence before V 13t. CITY OR TOWN Balto	N 13d YE	INSIDE CITY LIMITS?	13804 M	pavia led.	21206
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ant, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane couse per lige for (a), (), and	Chair	shock			XIMATE INTERVAL NONSET AND DEA
njury, or other tr	NO	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO	DUE TO OR AS A CONSTITUTION OF TO D	DEATH BUT NO	T RELATED TO THE TER	winal disease or con	DITION GIVEN IN PART 1	lia
ws ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION W	AS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND	
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STATE OF MARYLAND



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W. FRESION SE	not the death cert	by the attending isseremove carban, cremotion, or ren	other traumatic ev
DIVISION OF VITAL RECORDS, 201 W. FRESTON ST., BALLIMORE, MARTINAND 21201	WORMING OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 fears after death. Four tributes by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the threstal director is should be detached for use as the busial-transit permit. Then please remove carbonpapers. Pages I and 2 should be tilled with a Thank the State Dept of Health and Mental Hygiene prior to busial, cremation, or removal.	IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other traumatic event, the medical examiner must be notified or once
o Notice of the control of the contr	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or attending physician.	frer this certificate as the burial-transi th and Mental Hyg	orked or Item 18 sh
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# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCKER

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	1-	STATE REGISTRAR		DEI ARTI	CERTIF	ICATE OF DEATH	REG. NO	).	15	
		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR A
П	(,,,,,		liam		RA	APPOLD	August 2	4, 1984		11:56
	3. SEX	X	4 RACE	-15	S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UND	DER I YEAR	IF UNDER 24 HRS
		Male	White		O		62	YRS.	DATS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY O		EATH	
4		Maryland	Unite	d States			Baltimo	re City		MD
Ø	10 CI	TY OR TOWN OF DEATH  Baltimore	11. NAME OF	HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION Hospital	170. USUAL OCCUPATH (TYPE OF WORK FOR MOST O Worker	WORKING LIFE IN	kind of dustry Marke	BUSINESS OR
2		AL RESIDENCE (IF NURSING HON								
5		Maryland	YTANC	13c CITY OR TOW		13d INSIDE CITY LIMITS? YES社 NO 🗌	13e STREET ADDRESS / 1615 Park	ZIP CODE Avenue	, 212	17
0	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST	
	- 0	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES)	ARMED FORCES?	166 SOCIAL SECU 218-01-	9556	17 INFORMANT	ADDRE	55		
F		18 CAUSE OF DEATH (Ente	r anly and cause her						APPROXIA	MATE INTERVAL
		Conditions, if ony, which	diote \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
		couse (a), stating the underlying couse last	00210,0	rasaconseou Al <i>most c</i> o		e occlusion o	f left rena	l artery	by	
	NO	PART 2. OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	OTTON GIVEN IN	PART 10	
7	CERTIFICATION	Aug. 19, 21,		orated di		N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WER		OF DEATH?
_	ERTI	710. ACCIDENT WAS UNDERLYING			louelle	21c HOW INJURY OCCUR	YES NO	YES [	B B 4 B 2 2 2 2	NO []
		OR CONTRIBUTING CAUSE O	F DEATH HOUR A.		AY YEAR	THE HOW HAJORY OCCUR	KED (ENJER NATURE OF INJUR	TIN HEM IS PART TO	RPART 2)	
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	1	22a.1 certify that (1x (this h sow the deceased alive above, (1x (we) (did) (die	Augus	t 24 10		ast 13, 19 84 and that in (mx) (our) opinion				hat ( <b>X</b> (we) lost
		27b. SIGNATURE	AV V	Offer death.		DEGREE ATTENDING	MEDICAL STAF	F	DATE S	IGMED
		220. PHYSICIAN'S NAME (1				22e ADDRESS	DIRECTOR PHYSIC	1.00	010	101
1		James L.	Fitzpatr	ick, M.D	•	c/o Maryl	land General	Hospita	11	
		BURIAL, CREMATION, REMO	23b. DATE 8/28/8		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cou	NTY	STATE
	24 FU	UNERAL DIRECTOR  NAME Anatomy		ADDRESS	Ba	lto., Md. Al	IG 3 1 1984	25th REGISTRAR'S		3

DHMH - 16 50M 4/B3 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

# STATE OF MARYLAND

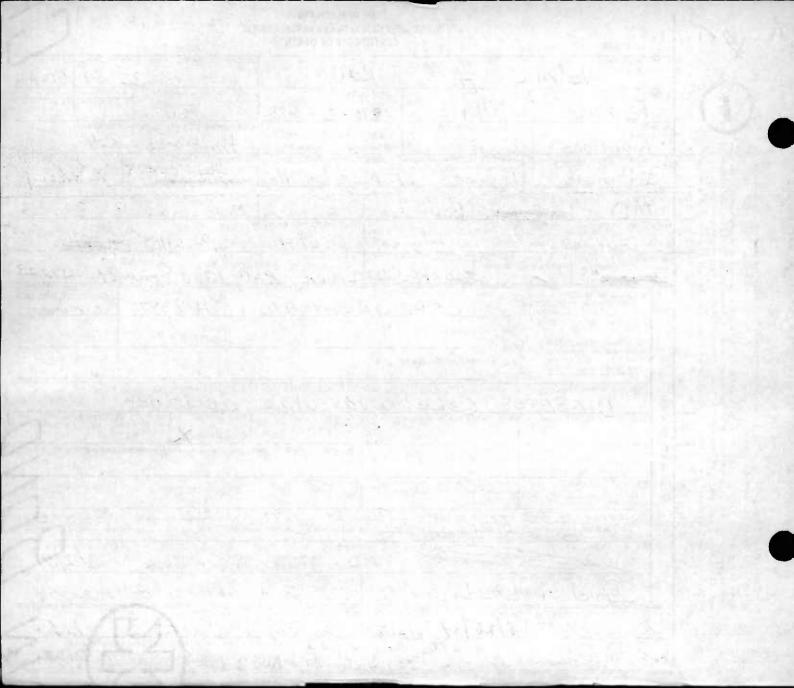
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			EASED NAME VOIL	na	A MIDDLE	Ŕ	au		20. DATE OF DEATH	8.	22 84	26 HOUR 6 00 A. M
()		. SEX	Female	4 RACE	white	5. DATE C	DAY	YEAR 923	AGE (IN YEARS LAST	O YR		R IF UNDER 24 HRS
12 S	5	C	Mary land	U.	S. A.	WIDOWE		RIED		mor	e City	MD
filed with	8	8	altimore	Uni	TE OF HOSPITAL, NURSING INSUCH FACILITY, GIVE STREET	ADDRESS) N	lary land		TYPE OF WORLD OF COLOR			akery
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rs. Poges		60 W	AS DECEASED EVER IN U. ES, NO OR UNKNOWN	S. ARMED FOR ES, GIVE WAR OR D		5822	LINDA	RA	U 1303	Jos	res St.	21223
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ave carb			Conditions, if any, which	h (	TO, OR AS A CONSEOU	ENCE OF		- July		de:		12413
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Then plant to buring injury, o		NO	PART 2 OTHER SIGNIFICA	ETES	ons contributing to	DEATH BUT	NOT RELATED TO	THE TERMIN	acci	del	- /	10
thos been to permit the prior prior any	2	CERTIFICATION	190 DATE OF OPERATION	19b.	CONDITION FOR WHICH	OPERATIO	N WAS PERFORMI	ED	200 AUTOPSY?		YES, WERE FIND RTIFYING CAUSE YES	
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should be diwith the Sta	1		Daniel	A. C	Prubach M	ND.	22 S	South	Green	St. E	Baltimon	e, Md.
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16 50M 4/83 A 15, 4)		N FL	INERAL DIRECTOR	en 1 s	on one. 90	red ?	21223 relino ST	250 DATE	REC'D. BY REGISTR.	AR 25b. REC	Javidson-V	Pandell

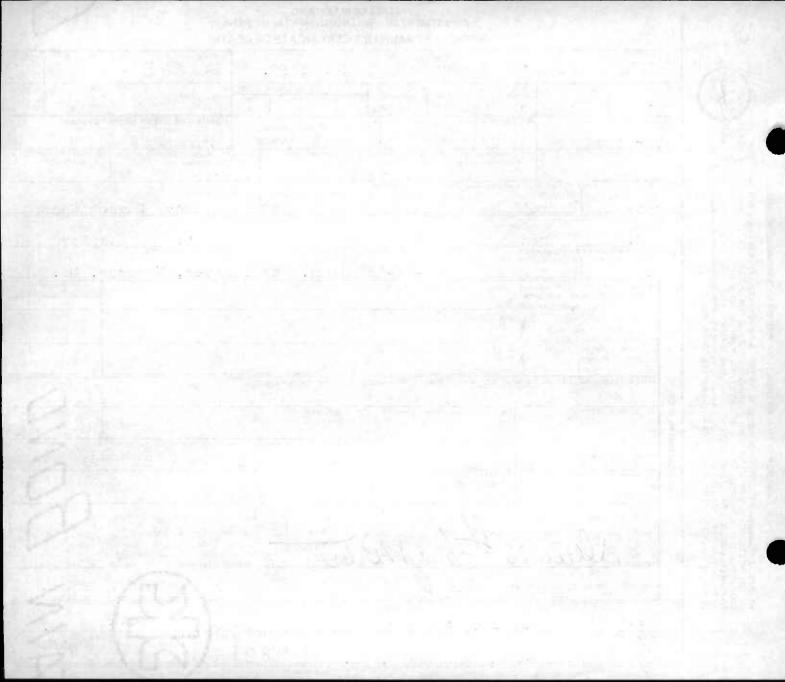
DHMH - 16 50M 4/83 (VRA 15, 4)

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	MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEGULE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 TO UNBEAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL. TRANIST PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITH PAGES 1 AND 2 SHOULD BE FILED. WITH SECOND STATES A SHOULD BE FILED. WITH THE STATE DEPARTMENT OF HALTH AND MENTAL HACKEN.
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ENE 4 6 1 7 1 4
EATH REG. NO.
20. DATE KNOWN MONTH DAY YEAR 25 HOUR OF ESTI- DEATH MATED 8 11 1984
PRONOUNCED 8 11 84 8:48
DEAD 19 D M
9 BALTIMORE CITY OR COUNTY OF DEATH
Baltimore City  MD.  USUAL OCCUPATION (TYPE OF WORK 1/26 KIND OF BUSINESS
OR MOST OF WORKING LIFE)  OR INDUSTRY
armer
400 Emory Church Road
ME
L. Taylor
ADDRESS
Raver, Upperco, Md.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
20 AUTOPSY?
20 AUTOPSY?  YES NO  TER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
20 AUTOPSY?  YES □ NO 🔀
20 AUTOPSY?  YES NO  TERNATURE OF INJURY IN ITEM 18 PART I OR PART 2)  LIMPACTED TROWN  COUNTY STATE
20 AUTOPSY?  YES NO   TER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)  LIMPACTED TRACTOR TOWN  CITY OR TOWN  REMOTY Rd. Carroll  Md.
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20 AUTOPSY?  YES NO   TER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)  LIMPACTED TRACTOR TOWN  CITY OR TOWN  REMOTY Rd. Carroll  Md.
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20 AUTOPSY?   YES   NO   NO   NO   NO   NO   NO   NO   N



STATE OF MARYLAND

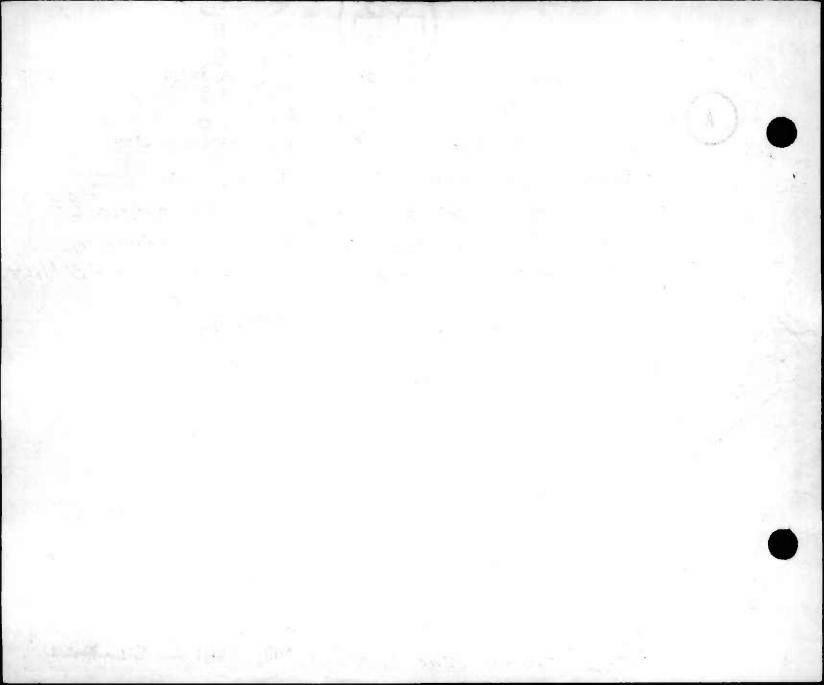
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 -	FOR STATE REGISTRAN			HEALTH AND MENTAL HY FICATE OF DEATH	GIENE REG. NO		
1		CEASED NAME FIRST	MIDDLE		LAST		MONTH DAY YEAR	2b HOUR
	COM	Anna			Ray	08/02/8	34	7:45P
ا	F		NEGRO	S DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE MONTHS DA	
1		RTHPLACE ISSAIL OF FOREIGN TO	CITIZEN OF WHAT		D NEVER MARRIED	Baltimore City O	COUNTY OF DEATH	
8			(IF NOT IN SUCH FACIL	ITY GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 126. KINI	MD. D OF BUSINESS OR RY
	USUA	ALRESIDENCE IN MUSSING HOME OF OIL	HER INSTITUTION, GIVE R	ELIDENCE MEPORE ADMINISTORY	ns Hospita.		2	# 01215
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Ø	1	John "	onus C	STubbs	Thene	WIDDLE	ERGUS.	IAST
1		VAS DECEASED EVER IN U.S. ARMI	D FORCES? IM:	215-40-445	Miss SA	rice RAY	2533 F	Biddle
	٦	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED) IMMEDIATE	BY	or io . Ib , and ic i	Respirate	ory Arrest	APPI BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
1		MMEDIATE	Service Control of the Control of th	A CONSEQUENCE OF	Subaribo	will Honor	rhace	7 106
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A	A CONSEQUENCE OF	Ane	ugsm		2 447)
	NO.	PART 2 OTHER SIGNIFICANT CO	The second secon	BUT NG TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR CONE	DITION GIVEN IN PART	lia
7	CERTIFICATION	1% DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	terner.	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES []	
1	200	THE ACCEPENT WAS UNDERLYING OF CHAIN OF	HOUR A.M.	URY MONTH DAY YEAR 19	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	2)
10	MEDICAL	214 INJURY OCCURRED	71e PLACE OF IN	JURY CTORY OFFICE, FARM, ETC.)	7H LOCATION	CITY OR TO	WN COUNTY	STATE
		77s I certify that (I) (this haspital saw the decorded alive on			7/30 19 50 apinio	n death occurred on the do	19 4-	hat (I) we) last the causes stated
		obove, (I) (we) (did) (district)  17h SIGNATURE	Plu	lle 1	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	22c. D/	TE SIGNED
7		272 PHYSICIAN GNAME COR CAL	ben.	/	22e ADDRESS	THH		
1	13a. 8	SURIAL, CREMATION, REMOVAL	8/1/21	23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	TO COUNTY	STATE
1	14. FL	UNERAL PRECTOR FU	neur/ s	Lance 112	4N Carifa AU	G 6 984	sh registrar's sign	Parplell .

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, A should be detached for use with the State Dept. of Hea

IMPORTANT, IF



TO FUNE ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral distance of actionshed for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 has man the Store Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

WEDSTANT: I feem 21 is marked at Item 18 shows any injury, or other traumatic event, the medical explained and perhitied of and a

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO	0.		
		OR PRINT) FIRST ROSE		A .		YMOND	August 3	1984	DAY YEAR	26 HOUR 405 A
	3. SEX	Female	4. RACE Wh:	ite	S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	F UNDER 24 HRS
Maryland U. S. WIDOW				WIDOWE					M	
	Baltimore    11. Name of Hospital, Nursing Home of other Institution (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)   3501 Newland Road (21218)						12d. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewi	F WORKING L		F BUSINESS OR
3	Maryland BAltimore YES NO						13. 3501 ANEW1	and F	Road (21)	218)
9	14. FA	FRECarmelo Mortil'Isaro Is. Mother's Maiden Name  Marie Antoinette Rubino LAST								
1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES. NO OR UNKNOWN) 1 (IF YES GIVE WAR OR DATES) 212-50-6770 Marie Shelton, (same as 13e)									MATE INTERVAL
	ATION	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUENCE OF					20b. IF YE	S, WERE FINDIN	IGS USED
1	CERTIFICATION	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCURR	YES NO ED (ENTER NATURE OF INJU	Y	PART 1 OR PART 2	NO [
1	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 216, INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	19	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
1		22a.1 certify that (I) (this hosping saw the deceased alive an obave, (I) (was (did) (did as 22b. SIGNATED ALFRED G.	1) view the body  Source  OSSON  R PRINT)	ofter death		DEGREE ATTENDING PHYSICIAN 278 ADDRESS 1101 St. Pau	MEDICAL STAI DIRECTOR PHYSIC	FF IAN [	22t. DATE	
1		BURIAL, CREMATION, REMOVAL SPECHY Burial	236. DATE Aug. (			emetery or crematory deemer Cem.			iaryland	
	24 FU Ge	onge J. Gonce,			, Bal	timore, Md AUG	REC'D. BY REGISTRAR	26 REGIS	TRAR'S SIGNAL	Hale

(21225)

DHMH - 16 50M 4/B2 (VRA 15, 4)

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FOR STATE

# STATE OF MARYLAND

	THE OF IT		24
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CEI	RTIFICATE	OF DEATH	

1	REGISTRAR		CERTIFICATE	OI DEATH	REG.	NO.		
	CEASED NAME FIRST	WIDDIE	LAST		2a DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
TYPE	CLETUS	CLIFTON REBE	RTS				5 1984	
3, SE	X	4. RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST I		ONTHS DAYS	IF UNDER 24 HRS
1	42/e	WHite	MONTH D	1929	54	YRS.		HOURS MIN
F0. B1	RTHPLACE AND COLORS	76 CITIZEN OF WHAT COUNT	MARRIED NE	VER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
1	DNOUSE	1154	WIDOWED	DIVORCED []	Baltimo	no City	1	MD
10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	SING HOME OR OTHER	INSTITUTION	12a USUAL OCCUPA	TION	126 KIND O	F BUSINESS OR
12	altimore	VAMedical Cent		ຸພາ	ALPRICA MOST	OF WORKING LIFE	INDUSTRY	65P13/5
CISU	CHEST CONTRACTOR CONTR	INSTITUTION OF RESIDENCE BE		e MD	14501631	LEOMA	30	111111
The A	ENUD A	DAM'S HAND	OWN 13d. INSI		13e STREET ADDRESS		Hodo	bee, PA
14. F	ATHER'S NAME	ALASON A A A A A	15. MOT	HER'S MAIDEN NAM				
en on	Geneca	ADDIS REB	est 1	YIRY	WIDDLE	Bour	WGJRI	NER
His V	VAS DECEASED EVER IN U.S		ECURITY NO. 17 INFO	RMANT	,22/2/	PESS COL	1654	
	CES KO	ROA 164 2	2 7809 3	11 stel	Ch HAD	rover.	PA 173	751
. CERTIFICATION	PART I. DEATH WAS CA IMME Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DIATE CAUSE (0)  DUE TO, OR AS A CONSE  (c)  DUE TO, OR AS A CONSE  (c)  NECONDITIONS CONTRIBUTING  19b. CONDITION FOR WH	QUENCE OF  TO DEATH BUT NOT REL  ICH OPERATION WAS P	ERFORMED		206 IF YES, IN CERTIFY	WERE FINDING CAUSES	VGS USED
S S	LIF EITHER NOTIFY MEDICAL EXAM		19					
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF		STREET	CITY OR	town	COUNTY	STATE
	22a I certify that X (this	disk() view the body lifter death.	DEGREE	ATTENDING PHYSICIAN DRESS		date and hour	ond from the	SIGNED
23a. I	BURIAL, CREMATION, REMO	VAL 236. DATE / 2	3 NAME OF CEMETERY		23d. LOCATION			

DHMH - 16 50M 4/83

(VRA 15, 4)

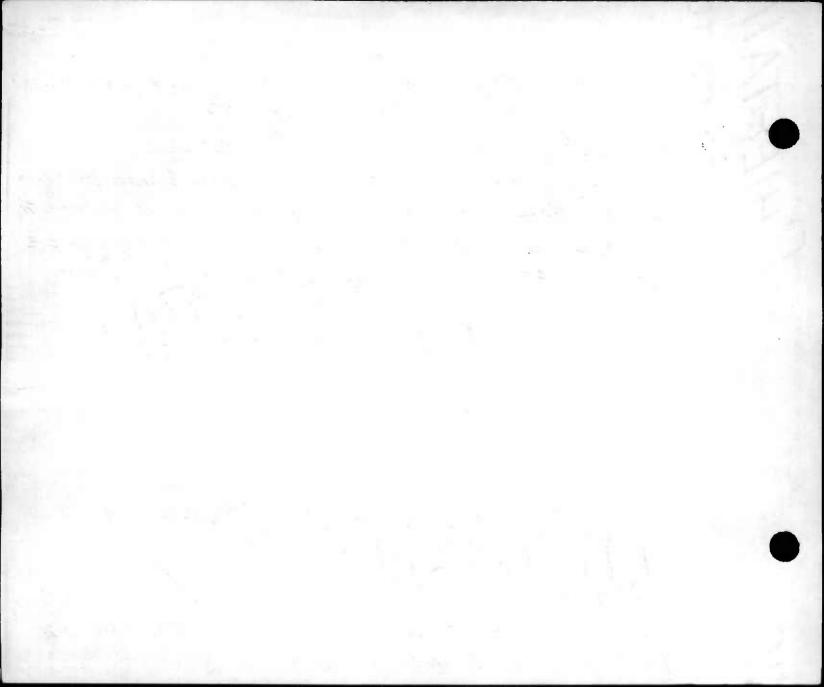
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

OR ATTENDING PHYSICIAN The low requires that the

retained by the hospital or attending physician.

injury, or other trin

IMPORTANT: If Hem 21 is morked or Hem 18 shows any



## STATE OF MADVIAND

		40.00		- Paramer		ы
DEPARTM	ENT OF	HEALTH	AND	MENTAL	HYGIENE	Ų
	CERT	IFICATE	OF	DEATH		

REG. NO. 24 DATE OF DEATH Th. HOUR WEL DATE OF BRITH AGE THY YEARS LAST BRITHDAY FUNDER LYEAR # LINEDER TAXABLE

26 46 76 CITIZEN OF WHAT COUNTRY?

MARRIED A NEVER MARRIED WIDOWED DIVORCED

SASTIMONE

BALTIMORE CITY OR COUNTY OF DEATH

126 KIND OF BUSINESS OR **INDUSTRY** 

1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OF NOT AN EUCH FACULTY, ONE STREET ADDRESS.

134 INSIDE CAY LIMITS? YES A NO

IS MOTHER'S MAIDEN NAME LAST

166 SOCIAL SECURITY NO. 17 INFORMANT

BETWEEN ONSET AND DEAD

IMMEDIATE CAUSE (a) Conditions, if any, which

gave rise to immediate coune into itating the

underlying coose lost

PART L DEATH WAS CAUSED BY

- STATE REGISTRAR

TYPE OF PRINTS

1.5EX

DECEASED NAME

IL FATHER'S NAME

FWILL

OSEPH

IB COUNTY

4. RACE

IE. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

DUE TO: OR AS A CONSEQUENCE OF . ALCONOLISM

1437

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG.

NE DATE OF OPERATION	1% CONDITION FOR WHICH OPER	ATION WAS PERFORMED	10n AUT	OPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE
			YES 🔲	NO	YES 🗀
21a. ACCIDENT WAS UNDERLYING [7]	TIN TIME OF INJURY	21r. HOW INJURY OCCURRED	DATES NO	ATURE OF PARIE	THE WAY TO SHE WATER

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? VES. [ NO F

HOUR A.M. MONTH P.M TIE PLACE OF INJURY EAT HOME STREET, FACTORY, OFFICE, FARM, STC I

YEAR 211 LOCATION

FAILURE

CITY OR TOWN

and that in (my) (our) opinion death accurred on the date and hour and from the course stated

COUNTY STATE

that (II (we) last

22x I certify that (1) (this hospital) attended the decreased from... saw the deceased alive on\_ above, (f) (we) (did) (did not) view the body attendent

PHYSICIAN DIRECTOR PHYSICIAN PL

27r. DATE SIGNED

22d PHYSICIAN'S NAME (1991 CHPIN

OR CONTRIBUTING THE CAUSE OF SEATH LIFERTHER NICTIFY MEDICAL EXAMINERS

NOT WHILE C

214 INJURY OCCURRED

FISHER

77€ ADDRESS

23s. BURIAL CREMATION, REMOVAL

17h SIGNAFORE

DEGREE

mo

DHMH - 16 50M 4/82 (VRA 15, 4)

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Torgetheren -in o of a citien of for the sound of FOR

- STATE

### CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH I. DECEASED NAME MIDDLE REZNICC 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 1.909 **EMALE** XXX 74 7a. BIRTHPLACE (STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? NEVER MARRIED RUSSIA BALTIMORE CITY IISA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK PHOUSEWIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN 2504 NOF 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE **ISADOR** REBA WILLIAM CHASANOV 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT HERMAN REZNICK (IF YES, GIVE WAR OR DATES) 2506 TANEY RD. BALTO., MD NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: arrest and onlymonas IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF sancycatic concer Mastoric Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? abstract a urial-transit g 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INSURY IN ITEM 18 PART I OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 21f. LOCATION 21d, INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) assended the deceased from and that in (my) (aux) ppinion death accurred on the date and haur and from the causes stated adid) (did not) view the body after death 226 SIGNATURE DEGREE be detoch e Stote De STAFF ATTENDING MEDICAL mdo. DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS d b

DHMH - 16 50M 4/82 (VRA 15, 4)

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shoul with 1

24 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD. BALTO. MD

ÅUG.3,1984

230. BURIAL, CREMATION REMOVAL (SPECIFY) BURIAL

21215

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PAND RBAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7 400/

ROSEDALE

OSP

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

221 DATE SIGNED

26 HOUR 30

126. KIND OF BUSINESS OR

INDUSTRY HOME

UNKNOWN

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21209

YES T

COUNTY

BALTO.

IF UNDER 24 HRS

21209

STATE

STATE

MD

IF UNDER 1 YEAR

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. Page

DHMH - 16 50M 4/ (VRA 15, 4)

1			STATE OF MARYLAND	2 2 2	1 1 2 1
1-	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH		1 / 65 4
I DE	REGISTRAR CEASED NAME FIRST	MIDDLE	TAST	REGINO.	TOAY YEAR THE METERINE
(TYPE	OR PRID LLO DE	S - RUTH	1 1	8/17	184 5
3. SE	KHODE	I RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR
3. 30.	FEMALE	B	MONTH DAY YEAR 2 OS OS	79	MONTHS DATS HOURS M
7a 81	RTHPLACE (STATE OR FOREIGN	75. CITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY OR COUN	
1	(VBINUO:	us	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimor	C' LU
10. CI	TY OR TOWN OF DEATH	IN NOT IN SUCH FACILITY, GIVE STREET		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	GLIFT 126 KIND OF BUSINESS
1	Altimore	000	COURS	DEIF EMPLOYI	ed IROP. Ingl
	TATE PA 13			130 STREET ADDRESS / ZIP CO	
14. F.A	THER'S NAME	16.7	15. MOTHER'S MAIDEN NA	AME	
0	ORNElius	MIDDLE C LAST	is margare	MIDDLE	Gant
16a V	VAS DECEASED EVER IN U.S.			ADDRESS C	ockville, ma
0	(IF YES.	GIVE WAR OR DATES) 579 - 44	1-5070 LEWIS S. R	hodes 7404 1	BEE-BEE DRIV
			N-		APPROXIMATE INTERVAL BETWEEN ONSET AND DE
	PART 1. DEATH WAS CAU	only one couse per line for (a), (b), (b)	-00	- ~ ~ ~ ~	BETWEEN ONSET AND DE
	IMMED	IATE CAUSE (0)	o tarper	our sour	
	The Sales of the S	DUE TO, OR AS A CONSEQU	ENICE OF		
	Cardistan # 111	, DOE TO, OR AS A CO	Rank	Fallune	
	Conditions, if any, which	(10)			
-	couse (o), stoting the	DUE TO, OR AS A CONSEQU	ENCE OF	0 0 70	
	underlying couse lost.		) ialeler 1	rallele	<b>-</b>
	PART 2 OTHER SIGNIFICAN	I CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION	GIVE OIN PROTEIN
z	517	P Tain Cha	0	en Con	place 1
ΗË	190. DATE OF OPERATION	THE CONDITION FOR WHISE	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED
0	198. DATE OF OPERATION	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CEI	RTIFYING CAUSES OF DEATH?
CERTIFICATION				YES NO	YES NO
1 8	210. ACCIDENT WAS UNDERLYING			RED (ENTER NATURE OF INJURY IN ITEM	18 PART ( OR PART 2)
	OR CONTRIBUTING CAUSE OF				
EDICAL	(IF EITHER NOTIFY MEDICAL EXAM)	P.M.	19 2H. LOCATION		
Ä		(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
_	AT WORK NOT WHILE	_	1/20		
	220.1 certify that Chis ha	mended the deceased from	1168 10 -	to_8/17	. 19 84_ the (we)
			ond that	death accurred on the date and	hour and from the couses state
		on 19 19 11 yiew the blidy after death.			
	226. SIGNATURE	001	DEGREE		224 DATE SIGNED
	for	and 13 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/17/
1	22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	122e ADDRESS		1 1
10	110 0	ROK ROK		28COURS	LICCPITA
-61	Homy	TICD D'COK	1EN BON	25,000,00	402114
	BURIAL, CREMATION, REMOV	AL 23b. DATE 7 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
	SPECIFY) BURIAL	8/22/84 10	PLINATON NATIONI	1 ARlington	COUNTY VA!
24 5	INERAL DIRECTOR	To Live I May		TE REC'D. BY REGISTRAR 256 REC	ISTRAP'S SIGNIATURE
100	NAME	ADDRESS	CALL	1 / 4.	Davidson-Randise
10	batman- H	ARRU FH 1701	mchy loast Al	16 2 0 1984 19W	Direction - Matterne

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should be detach with the State De

CERTIFICATION

MEDICAL

### STATE OF MARYLAND

DATE OF BIRTH

MONTH

WIDOWED

	MAIL OF M		20%
EPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CEI	RTIFICATE	OF DEATH	

MARRIED NEVER MARRIED

YES A

YEAR

DIVORCED

13d INSIDE CITY LIMITS?

FIRS

20 DATE OF DEATH MONTH YEAR 2b HOUR IF UNDER 24 HRS 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR

LAST

NO [

INDUSTRY

MIDDLE DECEASED NAME FIRST (TYPE OR PRINT) 4 RACE 3 SEX BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? COUNTRY) CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 4. FATHER'S NAME MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

FOR - STATE REGISTRAR

> 13e STREET ADDRESS 15. MOTHER'S MAIDEN NAME

ADDRESS 17 INFORMANT 0.3906

(TYPE OF WORK FOR MOST OF WORKING LIFE)

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) Omo DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NO YES [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M

21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK

22a.1 certify that (I) (the hospital-attended the deceased from saw the deceased alive on. and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death

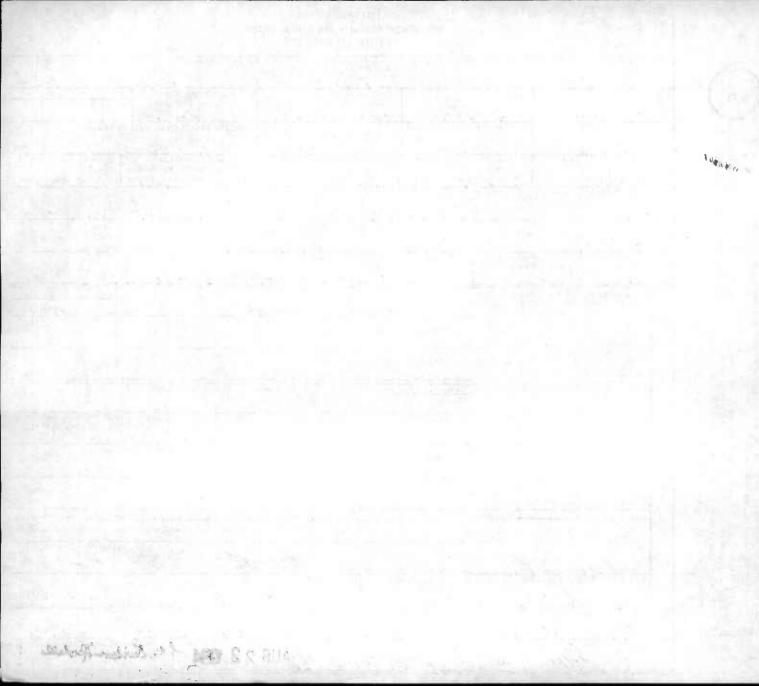
22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF un PHYSICIAN DIRECTOR PHYSICIAN [ 22e ADDRESS

230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76 (VR A 15 (4))

BP



# FOR - STATE

page 3

mpletely filled in by and 2 should be file

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coi should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If hem 21 is morked or hem 18 shows pay injury, or other troumotic event, the medical

moy be

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

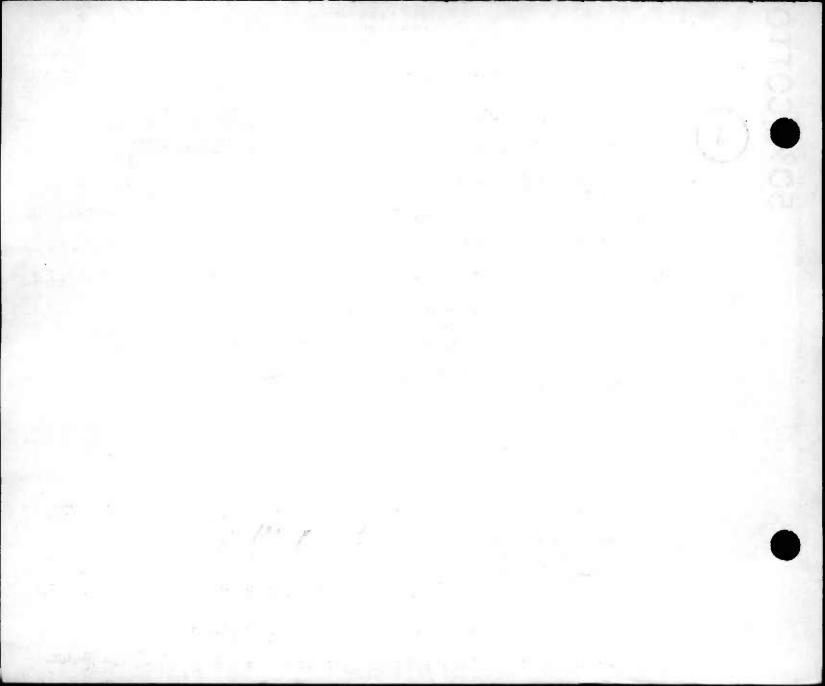
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4	6	1	1	Catho	4

	REGISTRAR		CERTIFI	CATE OF D	KAIN	REG. N	NO.			
	CEASED NAME FIRST	WIDDLE	14	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
(TASE	OSCAR	ODELL	RICE S	r.			8 3	30 84	11:30Am	
3. SE	Х	4 RACE	5. DATE O		YEAR	6. AGE IN YEARS LAST B	RTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	male	black	MONTH	13	2.5	59	YRS.	MONTHS DATS	HOURS MIN.	
	IRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8			9. BALTIMORE CITY		Y OF DEATH		
21	Maryland	U.S.A.	WIDOWE	D NEVER A	ORCED X	BALTIMORE	E. CIT	<b>-</b> y	MD.	
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA  (IF NOT IN SUCH FACILITY		R OTHER INST	ITUTION	12a USUAL OCCUPAT			OF BUSINESS OR	
	Baltimore	VAMC, BALT	IMORE MD. 2	21218		(TITE OF TOWN TOWN TOWN		1110037111		
USU, 13a. S	AL RESIDENCE HE NURSING HOME STATE 13b. CO			13d. INSIDE CI	TY LIMITS?	13e.STREET ADDRESS	/ ZIP COD	Œ		
M	aryland	Ba	ltimore	YES X	NO 🗌	116 N. C	Centr	al Ave	.21202	
14. FA	ATHER'S NAME	MIDDIE	LAST		MAIDEN NAM	AE MIDDLE		IAS		
P	Charles	Ric			tha	E.		Jones		
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SO		17 INFORMA		ADD	RESS			
Ç	YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES) 218	-14-7461	Eliza	beth	Robinson	116	N. Cen	tral Ave	
	18 CAUSE OF DEATH (Enter								IMÁTE INTERVAL ONSET AND DEATH	
	PART I. DEATH WAS CAU	ISED BY:	ndis pul	lman	ary	unest		BETWEEN	UNSET AND DEATH	
	IMMEDIATE CAUSE IN									
	e to a to t	DUE TO, OR AS A C	ONSEQUENCE OF		1.6001	To				
	Conditions, if ony, which gove rise to immediate	(p) H	yper con	gue a	DE 7.	raco		_		
	couse (a), stating the underlying couse last.	DUE TO, OR AS A C						l l		
		( (c) FC		ercin						
z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBL	ITING TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR COI	NDITION G	IVEN IN PART 1	0	
CERTIFICATION		Lui construction				20n AUTOPSY?	Table 16 M	EC MEDE ENION	100 1100	
2	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	N WAS PERFO	KWED	ZUG AUTOPST!		ES, WERE FINDII IFYING CAUSES		
1 2						YES NO		res 🗌	но 🗌	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	- 110110 1 11 116	ONTH DAY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INI	URY IN ITEM 18	PART   OR PART 2}		
3	(IF EITHER NOTIFY MEDICAL EXAM)		19							
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJU	RY ORY, OFFICE FARM ETC.)	211 LOCATIO	N	CITY OR 1	OWN	COUNTY	STATE	
2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO	JAS, OFFICE, FARM ETC.)							
	22a I certify that (X (this ho	spital) attended the decea	sed from <u>7/27</u>		19 84	10 8/30		. 19 84	that X (we) lost	
	sow the deceased alive.	on 8/30	19_ <u>84</u> , on	d that in XX	(our) opinion d	leath occurred on the	date and ho	our and from the	couses stated	
	22b. SIGNATURE	- view the body after de	OID.	DEGREE				77s: DATE	SIGNED	
1	1 DL				TTENDING		AFF	8/	SILAV	
-	224 PHYSICIAN'S NAME (TYP	PE OR PRINT)		22e ADDRES	PHYSICIAN [	DIRECTOR   PHYS	ICIAN []	1	19	
	6-1		Rosen			VEN BLVD.B	AITTM	ORF MD	21218	
100	CI. Frome							· · · · · · · · · · · · · · · · · · ·		
	BURIAL, CREMATION, REMOV BURIAL		23¢ NAME OF CE			23d. LOCATION CITY OR TOWN		COUNTY	STATE	
_		9/5/84	Garris	on For		A Owings	Mill		Md.	
74. FI	UNERAL DIRECTOR		ADDRESS		ZSa DATE	REC'D. BY REGISTRA	10 .	· ·	URE	
W	m C March F	/H Inc. 110	1 E Nort	h Aver	ue oth	4 1984	Tichar	lavidson-A	andelle	
									1	

DHMH - 16 50M 4/83 (VRA 15, 4)

etoined by the hospital or

BP



### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. .. 20. DATE OF DEATH L DECEASED NAME MONTH 2b. HOUR rnest 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS -05 VYALS BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? I STATE OF FOREIGN MARRIED NEVER MARRIED WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IT'S KIND OF BUSINESS OR J IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Secour sterenan USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 1136. COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE YES [ NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jacksor Immu ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line far to), (b), and (c).1 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 CERTIFICATION by perfension 190 DATE OF OPERATION WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? tumor 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH P.M. 19 LIF EITHER NOTIFY MEDICAL EXAMINER

21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE

COUNTY CITY OF TOWN STATE

220.1 certify that (1) (this haspital) attended the deceased from\_ 8-31-19\_54, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased plive on. obove, (1) (we) (did) (did not) view the body ofter death DEGREE 22c DATE SIGNED

23b. DATE

MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS 23 wilkens Ave.

Merchant

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

COUNTY Baltimore 21225 250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

236. BURIAL, CREMATION, REMOVAL

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL

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Dennis F. Smyth,

8/13/84

Wm C March F/H Inc. 1101 E North Avenue

M.D.

23c. NAME OF CEMETERY OR CREMATORY

Garrison Forest VA

EXAMINER'S NAME

230 BURIAL, CREMATION, REMOVAL 236 DATE

(TYPE OR PRINT)

BURIAL

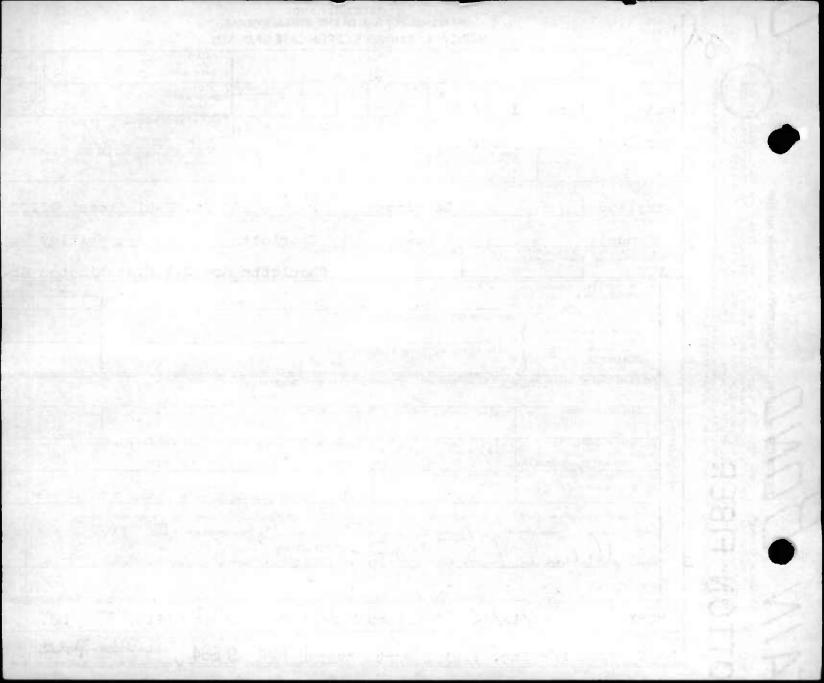
24 FUNERAL DIRECTOR

**DHMH** - 17

(VR A15 ME (5) 20M 4/82

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 20 DATE KNOWN XX MONTH 84 8. 10 3:35 1984 p. " 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City, USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY St. Paul Street 21202 LAST Whitley BETWEEN ONSET AND DEATH 20 AUTOPSY? YES XX NO 21201 111 Penn Street, Balto., Md. Md. Owings Mills,



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1	2	1
	1	

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

M ALE To BIRTHPLACE (51 RUSSIA 10 CITY OR TOWN C

USUAL RESIDENCE MARYLAND 14 FATHER'S NAME

60 WAS DECEASED

CERTIFICATION

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corbon popers. Pages 1

nding physicion

the otter

he burial-transit permit, nd Mental Hygiene prior After this certificate has bee

Hem 18

IMPORTANT: If Hem 21 is

FOR - STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIEÑE REG. N	2 1	1 2	Ö	
CEASED NAME E OR PRINT)	FIRST ENRY	WIDOLE		KLIN	20. DATE OF DEATH	8 /15	84	26. HOU	S PM
M ALE	4 RACE	HITE	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BI		UNGER TYEAR	IF UNDER	24 HRS MIN.
RUSSIA	U.S	HOSPITAL, NURSING	WIDOWE HOME C	R OTHER INSTITUTION	BALTIMORE CITY C  BALTIMOI  126 USUAL OCCUPAT (TYPE OF WORK FOR MOST)	RE CITY	126. KIND O	F BUSINE	MD.
RYLAND	RE NORTH IS HOWE OR OTHER INSTITUTION 131 COUNTY BALTIMORE		1	13d. INSIDE CITY LIMITS? YES NO XX	ACCOUNTANT  130. STREET ADDRESS  2 STONEHEN		ACCOU		G 2120
ATHER'S NAME FIRST MAX	WIDDLE	RICKLI	V	15 MOTHER'S MAIDEN NA FIRST BESSIE	WIDDLE	1	FAG		
WAS DECEASED EVER IT LYES NO OR UNKNOWN) NO	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	215-01-9	71.64	MRS. SELMA R	ICKLIN 2 STO	ONEHENGI	(XXXXX) E CIR.	XX (	2120
PART I. DEATH WA	MMEDIATE CAUSE (0)	CARO.	MC.	TAMPLION OF SMEET.	BUN		APPROXI BETWEEN C	MATE INTER	DEATH
Conditions, if ony, gove rise to imme couse (a), stating underlying couse	ediote ) the lost. (c)	RAS ACONSEQUE	ice of S	TENOSIS C	+ CORONI		1		ISEA
19a DATE OF OPERATI		ITION FOR WHICH (			200 AUTOPSY? YES NO	20b IF YES, V IN CERTIFYII YES	VERE FINDIN	IGS USEI	H?

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21ª PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC )

WHILE NOT WHILE 8/13 220 1 certify that (1) 40 and the in (my our) opinion death accurred on the date and hour and from the causes stated

220. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

m.D BTEV EN POLLACK

NORTH GENERAL

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY REISTERSTOWN BALTIMORE MARYLAND

22e ADDRESS

8/17/84 BALTIMORE HERREW CEM INC 250. DATE REC 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR.

etoined by

BP.

should be detoched for with the Stote Dept. of I

FUNERALDIRECTOR SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

256 REGISTRAR'S SIGNATURE Julia Davidson-Rondoll

STATE

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	7- 18-04-0			
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mpletely filled in by the funeral director and 2 shauld be filed within 72 hours of

# STATE OF MARYLAND

1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	).	Circ F
	CEASED NAME	FIRST	N	MDDLE		AST		MONTH DAY YEAR	26 HOUR
(1111)	Ma	14	1		Ri	ley	8	125/84	5:15 DM
3. SE	X .	/4. F	ACE		5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYE	
	Tenale	_ '	White		Mar	ch 26, 1908	76	YRS.	S HOURS MIN.
7a. 81	IRTHPLACE (STATE OR FOR	EIGN 7b.	CITIZEN OF V	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
N	Taryland		U.S.	Α.	WIDOWE		Baltim	ore City	MD.
	Baltimore	111.	(IF NOT IN SUCI	OSPITAL, NURSIN HEACILITY, GIVE STREET A ERCY HOST	DDRESS)	R OTHER INSTITUTION	12g USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Reservatio	WORKING LIFE) INDUSTE	R.R.
130.5	at residence (# nursing STATE aryland	HOME OR OTH	ER INSTITUTION,	GIVE RESIDENCE BEFORE 130, CITY OR TOWN Baltimo	V 1	134. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 15 Charle	s Plaza	21201
	ATHER'S NAME FIRST Charl			iley			argaret Jan	e Mullen	LAST
16a \	NAS DECEASED EVER IN NO OR UNKNOWN)	U.S. ARMEI		219 16 3		Edwin Einstei	n 8 Charle	s Plaza Apt	
	18. CAUSE OF DEATH PART I. DEATH WAS	Enter only of CAUSED 8	Y:	Pulmon		edena		APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
	Conditions, if any, v gove rise to immer cause (0), stating underlying cause	diate	(b)(	AS A CONSEQUE  AS A CONSEQUE  HYPO	ac	arryth	mia		
NOI	Hypo	kale	mia	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM			
CERTIFICATION	198 DATE OF OPERATIO	N	196. CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	YES NO NO	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	JSE OF DEATH	216. TIME OF HOUR A./	M. MONTH DA	Y YEAR	Zic HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PART I	9
MEDICAL	21d. INJURY OCCURRED	D	21e. PLACE O	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OF TO	vn COUNTY	STATE
	22-1 25 1 1 11 11	in the last		416	8/2	3 000	017	C 10 811	at a second set a

sow the deceased alive an above, (I) (we) (did) (did nat) view the bady after death 226 SIGNATURE

ATTENDING PHYSICIAN 22e. ADDRESS

MEDICAL DIRECTOR PHYSICIAN

, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

236. BURIAL, CREMATION, REMOVAL

Burial

8/29/1984

23c. NAME OF CEMETERY OR CREMATORY

St. Mary (Govans) Cem.

DEGREE

28d LOCATION

STATE

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to

TO FUNERAL DIRECTOR:

(VRA 15, 4)

8

marked or hem

IMPORTANT: If hem 21 is

24 FUNERAL DIRECTOR DHMH - 16 50M 4/82

Burgee Funeral Home, P.A. Balto.Md.21211

236 DATE

Baltimore, MARYLAND

On By REGISTRAN S. REGISTRAN'S SIGNATURE

8 1984

for a construction of the con-the state of the s STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

Baltimore City 17b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e STREET ADDRESS / ZIP CODE 1236 Bonaparte Ave. Walker Henrietta Dukes 1236 Bonaparte Avenue APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING SAUSES OF DEATH? CENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 COUNTY STATE and that in (my) (our) apinion death occurred on the date and hour and from the causes stated The DATE SJONE COUNTY Md. 24 FUNERAL DIRECTOR C March F/H Inc. 1101 E North Avenue

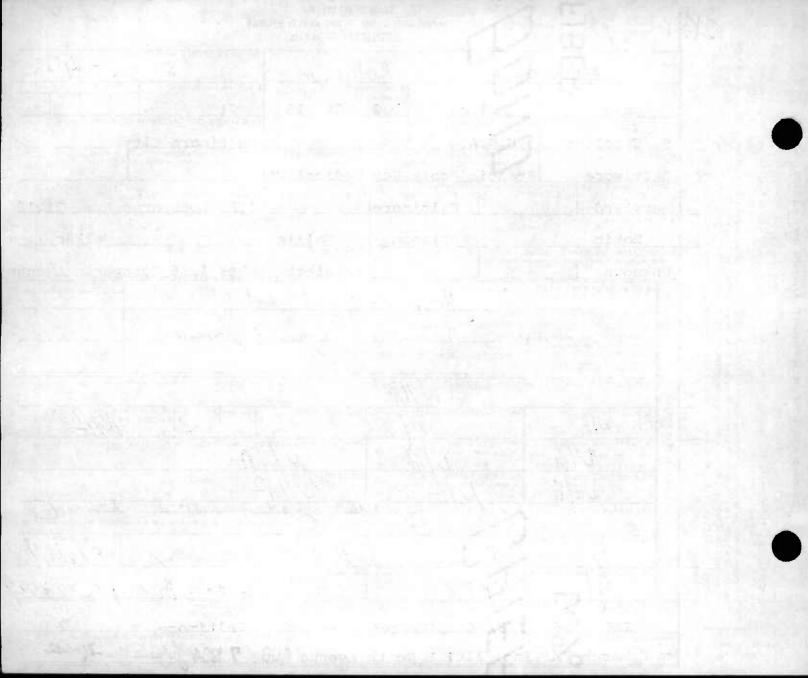
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

CERTIFICATE OF DEATH

2h HOUR

IF UNDER I YEAR

IE LINDER SENDE



DEI

PARTMENT	OF HEAL	TH AND	MENTAL	HYGIENE
CE	RTIFICA	TE OF	DEATH	

DEIARII	CERTIFICATE OF D		REG. N	10.				
Saj	ROBINSON		20. DATE OF DEATH	MONTH 8	8 1	984	26. HOU	R
	5. DATE OF BIRTH	47	6 AGE (IN YEARS LAST B	IRTHD AY)	MONTHS	DAYS	IF UNDER	24 HRS MIN.

4. RACE 3. SEX MALE BLACK To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND US

MIDDLE

BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

CITY 120 USUAL OCCUPATION (TAPOT SABLED OF WORKING LIFE)

MD. 12b. KIND OF BUSINESS OR INDUSTRY

APPROXIMATE INTERVAL

Immedicallo

(IF NURSING HOME OR OTHER INSTITUTION MARYLAND 136 COUNTY BALTTMORE

MIDDLE

(IF YES, GIVE WAR OR DATES)

P. SAMUEL.

LAST

5877 TONDUTET AVENUE

13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAME

JONOUILL MIDDLE

STEVENS ADDRESS

13e. STREET ADDRESS

ETHE. 166 SOCIAL SECURITY NO. 17 INFORMANT

5811 JONOUILL

AVENUE

MASALINA ROBINSON YES 214-50-6490 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c). PART I. DEATH WAS CAUSED BY: dunk IMMEDIATE CAUSE OR AS A CONSEQUENCE O D2 P93 Conditions, if ony, which

DOVOVI

ROBINSON

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

NOT WHILE

the

gove rise to immediate couse (o), stating

190 DATE OF OPERATION

236 BURIAL, CREMATION, REMOVAL

cause

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

NOF

VET.

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO M

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 LIFEITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

200 AUTOPSY?

21f. LOCATION STREET

CITY OR TOWN COUNTY STATE

220.1 certify that (1) (this haspital) attended the deceased from (did not view the body after death 226 SIGNATUR

DEGREE ATTENDING

PHYSICIAN S DIRECTOR PHYSICIAN

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

TYPE OR PRINTS

22e ADDRESS

GARRISON FOREST

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION GARRISON

COUMARYLANDIATE

BURTAL

24. FUNERAL DIRECTOR DHMH - 16 50M 4/B2 E'ML. PHILLIPS (VRA 15, 4)

FOR - STATE REGISTRAR

1. DECEASED NAME (TYPE OR PRINT)

10. CITY OR TOWN OF DEATH

BALTIMORE

14 FATHER'S NAME

JOHN

LYES. NO OR UNKNOWN)

underlying

CERTIFICATION

filed

medico Poges puo

1721-27 N. \* MONROE ST.

8-13-84

250 DATE REC'D BY PEGSTRAR 250. REGISTRARS SIGNATURE

TO FUNERAL DIRECTOR:

certificate has

burial-transit p ş

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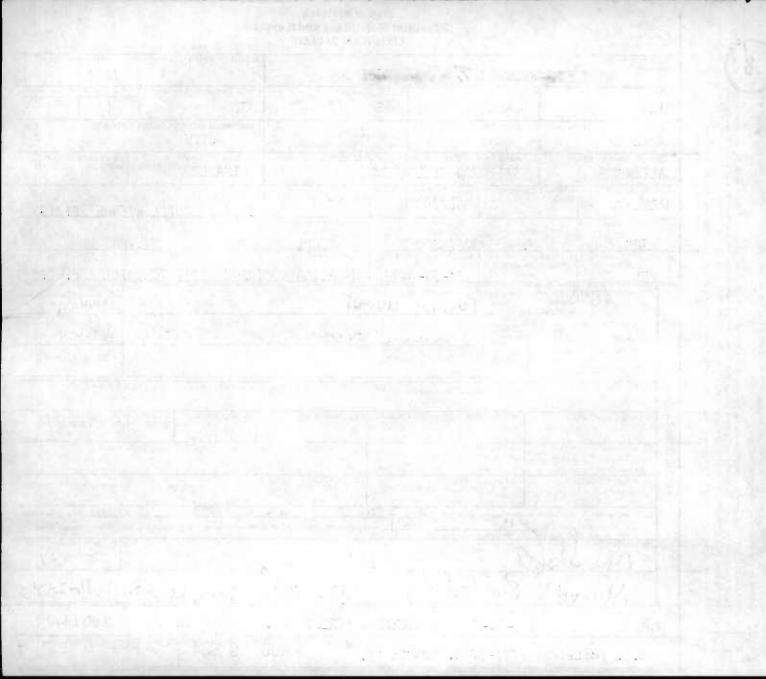
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MPORTANT

should be

23b. DATE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	FOR STATE REGISTRAR			HEALTH AND MENTAL FICATE OF DEATH	REG. NO	£ 200 €		
d	I. DECEASED NAME FIRST	WIDDLE		LAST		MONTH DAY	YEAR	2b HOUR
١	(TYPE OF PRINT) MARG	ARET J	ROI	ESLER		9 26	84	6:29 pm.
1	3. SEX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HRS
1	FEMALE	WHITE	MON 1	1 19 189:	7 86		VIHS DAYS	HOURS MIN.
d	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8		9 BALTIMORE CITY O	R COUNTY O	FDEATH	
5	COUNTRYI		MARR	IED NEVER MARRIED		wre (	-4.	
9	Maryland  10. CITY OR TOWN OF DEATH	U.S.A.	WIDOV	OR OTHER INSTITUTION	120 USUAL OCCUPATI		12h KNDC	MD. OF BUSINESS OR
4	3altmore	Soufu 1	Bullinore G	Feweral Hospita	TYPE OF WORK FOR MOST Q		INDUSTRY	Dept. ore
1	130. STATE 13b. COUNTY		ESIDENCE BEFORE ADMISSION	13d INSIDE CITY LIMITS	? 13e STREET ADDRESS			
2	Maryland Bal	timore W	oodlawn_	YES NO	5905 Char	les Str	eet	21207
J	H. FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN	NAME		I AS	67
9	Louis	Α.	Spiege1	Elizabe				auch
ī	160 WAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS		227
d	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	15-07-6851	Christophe	er Keefer 553	0 Carvi		
1	18 CAUSE OF DEATH (Enter or					0_04111		ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY:	Cur diac	Arrythm	i'a		BUILDER	ONSET AND DEATH
	IMMEDIA	TE CAUSE (a)		7,7,7,7,7,7	7 -1			
	Conditions if now which	DUE TO, OR AS	A CONSEQUENCE OF	100				
	Conditions, if any, which gove rise to immediate							
	cause (a), stating the underlying couse last.	DUE TO, OR AS	A CONSEQUENCE OF					
1	PART 2 OTHER SIGNIFICANT	(c)	INUTAIC TO DE LTU DI	IT NOT BELLIFED TO THE T	COLUMN DISTACT OR COLU	DITIONICATION	DI DADY I	
		CONDITIONS CONTR	IBOTING TO DEATH BO	THO RELATED TO THE II	ERMINAL DISEASE OR CON	DITION GIVEN	IN PART II	0
-	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	Tigh CONDITION	FOR WHICH OPERATI	ON WAS PERFORMED	20e AUTOPSY?	20b. IF YES, V	VERE FINDI	NGS USED
1	5	170 CO. TO.				IN CERTIFYIN	NG CAUSES	OF DEATH?
	21g. ACCIDENT WAS UNDERLYING	7 216 TIME OF INJ	LIDA	21r HOW IN HIRY OCC	YES NO	YES	1 OR BART 21	NO 🗆
7	OR COLUMNIC CALLE OF DE	110110 111	MONTH DAY YEAR	R	CORRED (ENIER NATURE OF INJU	KI IIVIIEM IB FAKI	( OR FAR) 2)	
	(IF EITHER NOTIFY MEDICAL EXAMINED		19					
	(IF EITHER NOTIFY MEDICAL EXAMINE)  214 INJURY OCCURRED	218. PLACE OF IN	ACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK NOT WHILE AT WORK					91)	06	
	22a I certify that (I) (this hasp	0/2-3	OU	19_8	9,10	, 19		that (f) (we) last
	saw the deceased alive an above, (1) (we) (did) (did no	at) view the bady after	death.	ond that in (my) (aur) opin	on death occurred on the de	ote and hour o	nd from the	couses stated
	27h SIGNASHRE	11 1.1	1/11	DEGREE			22c. DATE	SIGNED
	Loye 4 C	(ando!	da, M.J.	PHYSICIAN			8/2	20/84
	22d BAYSICAN'S NAME (TYPE	OR PRINT)	10	22e ADDRESS			,,	
	Jorge J. Ac	evedo Vil	4, 4.7	3001 S.	Houses Si	T. 694	/thew	we Wed.
	230 BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF	CEMETERY OR CREMATO	RY 23d. LOCATION			
	Burial	8/23/84	Meadow	vridge Mem. I	Park Elkridge		ward	Maryland
	24 FUNERAL DIRECTOR	1 0/20/04		229	DATE REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNA	DURE 1. 22.

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicien and should be detached for use as the burial-transit permit. Then please remove carban papers from with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etained by the hospital or attending physician.

injury, or other troumotic event,

with the State Dept. Green 21 is marked or Hem 18 shews ony

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

AUG 2 2 1984

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An editorial or behind						
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ordinal despitation in	# . H- !					
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- STATE

REGISTRAR

24. FUNERAL DIRECTOR

Gonce

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

CERTIFICATE OF DEATH

REG. NO.

26 HOUR

IF LINDER 24 HRS

U.S.C.Grd

21225

ANFORD

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

84

DAYS

IF UNDER 1 YEAR

INDUSTRY

COUNTY

224. DATE SIGNED

STATE

Pa.

AURO - E-PETT 11-18-EL RUNSSEE TUSA CITY TARRESTAND CALIFORNIA LONG JACK PLACE RUCKER LENE STRAFFORD CHICK Michigan Company Compa Acuse Perenderow Distress CHECOLE DESTRUCTIVE REMIEMBRY DESTREE HISTORY OF SUBSENDOCHECIAL MYCEBROIRL INFAREZION 12 Port 12 Agres 24 12 get 12 LOS CORY 3001 S. HANGURE BALTIONES ME Jedit I Gold Sixes almost 1000

1	FOR - STATE REGISTRAR
	ECEASED NAME

sa/10.

4. FATHER'S NAME FIRST

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

	REG. N	10.				
V	2a. DATE OF DEATH	HTMOM 8	6	YEAR 84	26 HOU	IR PA
	6. AGE (IN YEARS LAST B	RTHDAY)	IF UND	DER 1 YEAR	# UNDER	24 HR5
	47	YRS	MONTH	DAYS	HOURS	MIN.
7	9. BALTIMORE CITY	OR COUNT	Y OF D	EATH	100	

in	B	MONTH	25 37
70. BIRTHPLACE   ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED C	NEVER MARRIED  DIVORCED
18 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	G HOME OR C	THER INSTITUTION

RIED CED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN SUCH FACILITY, GIVE STREET ADDRESS)

1/TO CITY	
USUAL OCCUPATION  YPE OF WORK FOR MOST WORKING LIFE)	126 KIND OF BUSINESS

SUAL RESIDENCE	HE NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMIS	SSIC
3a. STATE	136 COUN	ITY !	13c CITY OR	TOWN	
NOC			Balt	imor	0
1			Date	THULL	ς

MIDDLE

13d INSIDE CITY LIMITS? YES X NO-15 MOTHER'S MAIDEN NAME

EMMUSON SOHNSON Leah

Carl 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Johnson 166. SOCIAL SECURITY NO. 17 INFORMANI

ADDRESS

TIF YES, GIVE WAR-OR DATES)

LAST

-32-1455 Patricia Robinson 3317 Edmondson Ave.

13e STREET ADDRESS / ZIP CODE

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cardio ful Moyarry arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ZO MEANLY
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF A blood loss  DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS	

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 19

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

7

· NOT

NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased fro 211 LOCATION

CITY OR TOWN COUNTY STATE

saw the deceased alive on abave, (1) (we) (did ) (did not view the b and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

PHYSICIAN 22e. ADDRESS

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL BURIAL

8/10/84

23¢ NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

DEGREE

Anne Arundel Co.

. BM

DHMH - 16 50M 4/83

ond 2 sh

Then p.

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verial-transit p

use as the burial-tr Health and Mental

should be detache with the State Dep

MPORTANT:

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CERTIFICAT

MEDICAL

(VRA 15, 4)

BP.

FUNERAL DIRECTOR:

24 FUNERAL DIRECTOR

226. SIGNATURE

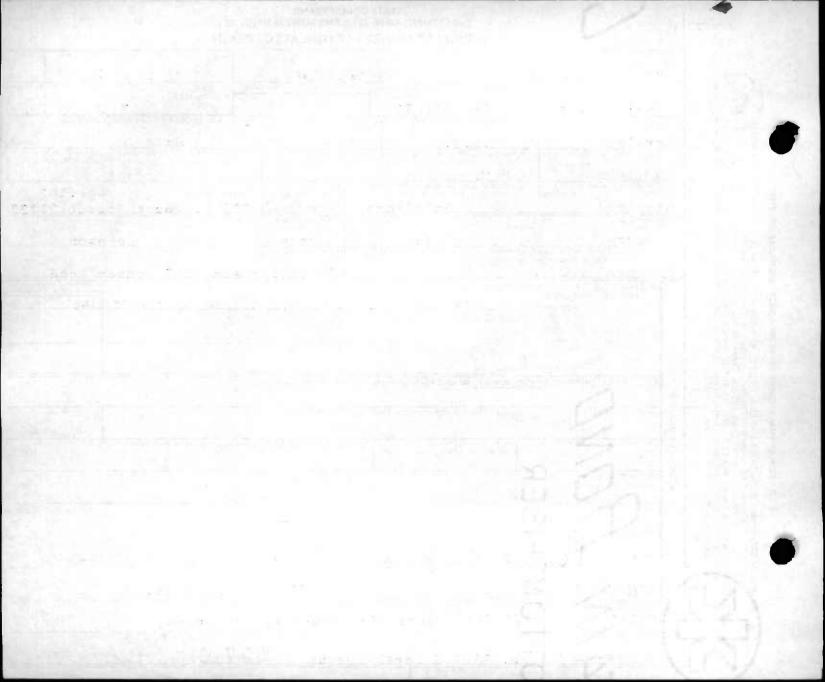
ADDRESS Avenue C March F/H Inc 1101

84 REGISTRAR 25 PREGISTRAR'S SIGNATURE

Company was the ALLE AND MENTS THE STATE OF STREET The sandance or part want bear 1/2 - Siges The Ve

4		FOR	D	STATI	E OF MARYLAND		ie. 2.	1 /	3 3	
		STATE REGISTRAR	MED	ICAL EXAMINE	R'S CERTIFICA	ATE OF DEA	ATH REG. N	10.		
	1 DE	CEASED NAME FIRST		MIDDLE	LAST		20. DATE KNOWN		DAY YEAR	26 HOUR
96 444400 42		EORPRINT) STER (ESTHE)	2)		ROBINSON		OF ESTI-	x 8 2	23 1984	
W 5 H 5 H	3 SE)		S. DATE OF BIRTH	6. AGE (IN YEAR		UNDER 24 HRS	2c. DATE		DAY YEAR	24 HOUR
(大学)	0.02		MONTH DAY	YEAR LAST BIRTHDAY	MONTHS DAYS	HOURS MIN	PRONOUNCED DEAD	0 1	01	12:16
ではなった。		emale Black	6 26	12 72 YRS			9 BALTIMORE CITY		04 1984	рм
対型の日英っく	FO	REIGN COUNTRY)	78 CHIZEINOF WITH		MARRIED   NEVE		, BALTIMORE CITT		OFDEATH	
NEW WAR	M	aryland	U.S.	A,		DIVORCED	Baltimore		1715 15 05 5	MD
SEE SEE	ID CI	TY OF TOWN OF DEATH		ITAL, NURSING HOME,	OR OTHER INSTITUTIO		UAL OCCUPATION (TYI MOST OF WORKING LIFE)	PE OF WORK	OR INDUST	RY
E. MD. 21201 SATH. IF ANY DELAY IS N SATH. IF ANY 3TO THE FU PM. 3. RETAIN PAGE 5 ND 2 SHOULD BE FILED. VITAL RECORDS, 201 WH		Baltimore	229 N. I	Mount St.						
AND SAIN		L RESIDENCE (IF IN NURSING HOME OF TATE 136 COUN		RESIDENCE BEFORE ADMISSION	13d INSIDE CITY	LIMITES 130 STR	REET ADDRESS	1	Apt. 10	2
AN PAN ST	2	arvland	•	Baltimor		NO 1 22		nt Sti		
. IF 2. SF AL F		ATHER'S NAME			15. MOTHER	S MAIDEN NAME				144
AND AND SESTING		FIRST	MIDDLE	Edelen	FIRS!		WIDDLE	Tab.	LAST	
0 00840 -	160. V	Harry VAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURITY	NO. 17 INFORMA	r y	ADDRES	Johr	ison	
AFTER VE P. GES SION	(Y	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		100 Division 1					
₹ SOF ₹ E	U	nknown			James	s_Jacks	on 4243 1	Bonner	APPROXIMATI	
· ¬ m > -		18 ČAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	D DV						BETWEEN ONSE	T AND DEATH
ONS TEM ONC PERA VAL.		IMMEDIA	TE CAUSE (a) HY	pertensive		clerotic	cardiovas	cular	disease	1
ESTON ST IN 17EM 11 IN			DUE TO, OR A	S A CONSEQUENCE OF	F			71 33		
WITHIN WCIL IN WITHIN WCIL IN RANSIT RANSIT ITAL HY		Conditions, if any, which gave rise to immediate	(b)							
W. W		cause (a) stoting the under-		S A CONSEQUENCE OF						
S S S S S S S S S S S S S S S S S S S		lying cause last.	(c)							
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURTHING THE WORD "PENDING" IN PENCIL IN 1FEM 18 RDED TO THE CHIEF MEDICAL EXAMINER ALONG \$7.3 SHOULD BE USED AS A BURIAL - TRANSIT PREMISE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIONS		IT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION G	IVEN IN PART 1 (g)				
ECORD BE EXE ENDING WEDICA AS A BL ALTH AL	Z									
PEN	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPERA	TION WAS PERFORME	ED?			20 AUTOPSY	2
HOULD RD "PE NIEF A USED OF HE IRIAL, IRIAL,	1 2								YES 🗆	NO 🔽
FVI WOON BE BE BE BE BE BE BE BE BE BE BE BE BE	ER	21a EXTERNAL CAUSE WAS	216 TIME OF	NJURY	21c HOW INJURY O	CCURRED IENTER	NATURE OF INJURY IN ITEM 18	8 PART I OR PART :		110 00
CERTIFICATE S CERTIFICATE S TING THE WO TING THE WO 3 SHOULD BE DEPARTMENT I PRIOR TO BU	1 0	UNDERLYING OR		MONTH DAY YEAR						
STIFE SHOOP AR	N	CONTRIBUTING CAUSE OF	DEATH P.M. 21e PLACE O	FINJURY (AT HOME.	211. LOCATION					
CERTIFING DED TO SEPAIN	ME	WHILE O NOT WHILE I		RY, FARM, ETC.)	STREET		CITY OR TOWN	COUNT	TY	STATE
DIVISION OF VITAL IN THE THIS CERTIFICATE SHOULD ATE, WRITING THE WORD "FORWARDED TO THE CHIEF OR: PAGE 3 SHOULD BE USED HE STATE DEPARTMENT OF HIND, 21201 PRIOR TO BURIAL, IND.		AT WORK AT WORK								
R: P		220 I certify that I taak char	ge of the remains descr	ibed abave, held on	Autopsy . I	Inspection X,	Inquiry . o	ind in my opini	ion	
NO THE		death resulted from: Natu	rol causes X	Accident . Suic			termined monner			
IRE B B WITH			. 0	11/00	TITLE (SPE	CIEY				
H. V.		ACTUAL.	unte UM	e thill		stant MED	NCAL EVALABLED	DATE SIGNED.	8-24-8	14
SE SE SE	2	SIGNATURE		4100	W.D	MED	ICAL EXAMINER	SIGNED.		
WED WED		EXAMINER'S NAME Marg	arita A. K	orell, M.D.	ADDRESS 1	11 Penn	St., Balto	Md.	21201	
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARN TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120	22a B	URIAL CREMATION REMOVAL			ETERY OR CREMATOR		OCATION			
		BURIAL	8/30/84		ion Cemet	CITY	nsdowne,	COUNTY	M	d.
BP		UNERAL DIRECTOR	0,00,04	modite 2			Y REGISTRAR 125h REG	SISTRAP'S SEC		<u>.</u>
DHMH - 17		NAME	ADDRESS					a Davidso		0.0
(VR A15 ME (5))	Wm	C March F/H	Inc. 110	1 E North	Avenue	AUG 2	1 1984 17	10 10 10 10 10 10 10 10 10 10 10 10 10 1	" - Marias	الك

(VR A15 ME (5)) 20M 4/82



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injury, ar ather traumatic event, the

should be detached far use as the burial-transit permit. Then please remave carbanpape with the State Dept. af Health and Mental Hygiene priar to burial, crematian, ar remaval.

MPORTANT: If them 21 is morked or them 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

BP

## CTATE OF MADVIAND

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DEP	ARTMENT	OF H	EALTH	AND	MENTA	L HYGIENE
	CE	RTIF	CATI	OF	DEATH	

1 -	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	64 8		
	CEASED NAME FIRST OR PRINT)	MIDDLE Y W.	RODGE	ERS, SR.		ONTH DAY	YEAR	26. HOUR 4:25 AM
3. SE		4. RACE	5. DATE C		6 AGE (IN HARS LAST BIRTI	IDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
	Male	White	Sept		86	YRS.	15 DATS	HOURS MIN.
	RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF	DEATH	
6	MD	USA	WIDOWE		Baltimo	re City	,	MD.
10 CI	TY OR TOWN OF BEATH	11. NAME OF HOSPITAL, NI	STREET ADDRESS)	PR OTHER INSTITUTION	120. USUAL OCCUPATION	N 11 WORKING LIFE IN	NOUSTRY .	
USU	Baltimore	Mercy Host			Executive	1	Real	Estate
	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	VIY II. CITY OR Bal	timore_	13d. INSIDE CITY LIMITS?		chen S	šţ., 2	21217
14. FA	THER'S NAME FIRST Harry W	MIDDLE Rodgers	s. Sr.	15. MÓTHER'S MAIDEN NAM FIRST Laura	ME MIDDLE MAE		VIAS'	alter
16a. V	VAS DECEASED EVER IN U.S. AR		SECURITY NO.	17. INFORMANT	ADDRES	iS		
- (	res, no or unknown) (18 yes, giv	218 0	7 2769	William A.	. Rodgers,	Balto		ND
	18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE IMMEDIAT	D BY: TE CAUSE (0) Card	iorespir	atony Arrest			25 A	MATE INTERVAL DINSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	Knewn SEQUENCE OF					
z	PART 2. OTHER SIGNIFICANT	11 11 - 1	,	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN I	V PART 110	) '
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDING CAUSES	OF DEATH?
E	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21. HOW IN HIS OCCUPA	YES NO	YES [		NO 🗌
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	CED (ENTER NATURE OF INJUR	IN ITEM 18 PART	ORRART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY LAT HOME STREET, FACTORY, O	FFICE, FARM, ETC ]	211. LOCATION STREET	CITY OR TOW	/%	COUNTY	STATE
	22a I certify that (I) (the hospi saw the decaded after an above, (I) (ve) (did) (ald no	tol) attended the deceased f	(11)	nd that in (my) (Sur) opinion of	death occurred on the do	te and hour and	- /	that (I lost couses stated
	Saul a. C.	Zengelenan	mo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	SIGNED
	Paul R. K	Ring-Iman				Balto.	2/5	209
	BURIAL, CREMATION, REMOVAL SPECIFY) Cremation	23h DATE 8/15/84		emetery or crematory  Nount	23d. LOCATION CHTY OF TOWN Balto.	,	UNTY	MD STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR 14 FUNERAL DIRECTOR Henry 1905 York Road W. Jenkinson & Balto., MD Sons Co. 21212

BY REGISTRAR'S & REGISTRAR'S SIGNATURE 250. DATE REC'D. AUG 1 6

i'₁ 5Ε Λ W. W. Thomas M. I. M. W. W. Milian A. Folgers, Enlig. MF - STANIN FRANCISCO PODO Committee S. 18 May Break Mount Henry M. Wankins & Bons Co. \* 1:5 York Food 1:00. VU 1111 the attending physician and c remove carbon papers. Pages

injury, or ather troumatic event

IMPORTANT: If Item 21 is morked or Item 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

# STATE OF MARYLAND

	FOR STAT REGI	E ISTRAR			DEPARTM		EALTH AND MENTAL HY	GIENE FEG. N	0.		J 3
	1. DECEASE		MORRI		AIDDLE	-	SOFSKY	20 DATE OF DEATH	SUST 10,	1984	25 HOUR 7:53a M
	3. SEX	4ALE		RACE WHIT	'E	5. DATE C		6 AGE IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
)	MAF	RYLAND		U.	S.A.	WIDOWE			E CITY		MD.
3	BALT	TOWN OF DE	1	VA" MEDI	CAL CENT	ER BA	LTO MD	120 USUAL OCCUPAT TYPE OF WORK FOR MOST OF GROCER		INDUSTRY FOO!	BUSINESS OR
7	MARYI	LAND	13b. COUN	TY VE	GIVE RESIDENCE BEFORE 136. CITY OR TOW BALTIMOI	N	13d. INSIDE CITY LIMITS? YES XX NO [	13e STREET ADDRESS 3313 WILD		RD.	#21207
)	14 FATHER'S	S NAME FIRST	N	NIDDLE	ROSOFS	KY	15. MOTHER'S MAIDEN NA	WIDDLE		NKNOW	
)	(YES, NO	ECEASED EVE OR UNKNOWN) ES		WAR OR DATES)	213 34 5		7 SLADE AV	L PACKER ADDR E., APT. 10		1208	
	Cone gove cous unde	ditions, if on e rise to in the (0), state	WAS CAUSED IMMEDIATE  y, which namediate ting the se lost	DUE TO, OI  DUE TO, OI  DUE TO, OI  (b)	R AS A CONSEQUE	NOTAN	NOT RELATED TO THE TER	dens (A of	LUNG	6/26	MATE INTERVAL DISSELAND DEATH - 8/10
	CERTIFICATION 130° D	ATE OF OPER	ATION	196. COND	Track In	PERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WIN CERTIFYIN	NG CAUSES	
	OR CO	ONTRIBUTING THE NUMBER OF THE	CAUSE OF DEAT	P. 21e PLACE	M. MONTH DA M. OF INJURY	19	21c. HOW INJURY OCCUP			OR PART 2)	STATE
	220. I	certify that	K (this hospit		e deceosed from	June 84	26, 19 84  and that in (mV) (our) opinion DEGREE	to August death accurred on the d	10 . 19. lote and hour or	84	that X() (we) last causes stated
_	22d P	PHYSICIAN'S N	The LIVE OF	PRINT)	en	MD	PHYSICIAN  220. ADDRESS	DIRECTOR PHYSIC			_

DHMH - 16 50M 4/83 (VRA 15, 4)

(SPECIFY) 8/12/84 INSON & BURIAL 24. FUNERAL DIRECTOR SOL

230. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY BETH EL MEM. PARK

3900

Loch Raven Blud, Ba.

EMATORY 236 LOCATION
CHY OR TOWN

RK RANDALLSTOWN

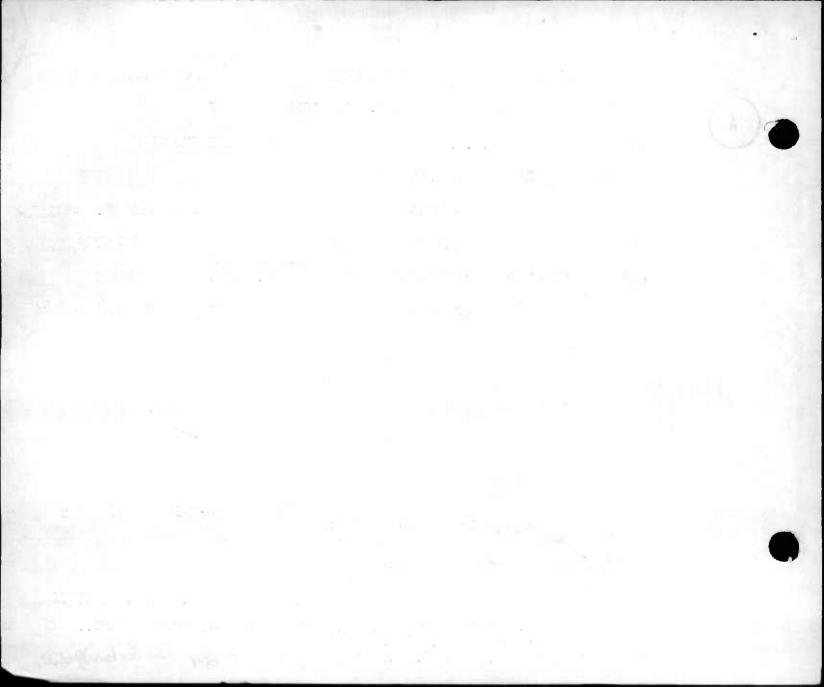
MD BALTO..

Md 21218

BROS., INC. BALTO., MD 6010 REISTERSTOWN RD., 21215

236. DATE

Kim



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY) MONTH BALTIMORE CITY OR COUNTY OF DEATH

I STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED

DIVORCED NAME OF HOSPITAL, NURSING HOME CREATER HATELUTION (IF NOT IN SUCH FACILITY, GIVE STREET ARDRESS) 2 spmus

126 IND OF BUSINESS OR HOSPITAL DECORATING SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 3904 BANCROFT RD. NO [

136 COUNTY BALTIMORE MARYLAND 14 FATHER'S NAME

> ROSS 166. SOCIAL SECURITY NO

17 INFORMANT ADDRESS

15. MOTHER'S MAIDEN NAME

GRACE

MRS. YETTA ROSS

3904 BANCROFT RD.

LEVIN

(21215)

YES WWITOWN 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY.

> IMMEDIATE CAUSE (0) ISCHEMIC HEART DISEASE

gove rise to immediate cause (a), stoting the underlying cause last.

FIRST

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

CARCINOMA 90 DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX

ALIDDLE

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

ABRAHAM

Conditions, if any, which

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

- STATE

SEX

REGISTRAR DECEASED NAME

> 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.) AT WORK NOT WHILE

211 LOCATION COUNTY CITY OR TOWN

22a.1 certify that (1) (this haspital) attended the deceased fram sow the deceased olive on above, (I) (we) (did) (did nat) view the bady after death.

, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

STATE

ZAW-WIN, MO

23d LOCATION

230 BURIAL, CREMATION, REMOVAL BURIAL

8/2/84

23c NAME OF CEMETERY OR CREMATORY ANSHE EMUNAH AITZ CHAIM

BALTIMORE.

24 FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTIMORE, MD.

DHMH - 16 50M 4/83 (VRA 15, 4)

(21215)

102 108-1-8		9	, w.S.
	1/01/20 -	PA STAIS	Molecul
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24111	Set For	1000000	
	10		
V3.3.3		By William	
Secretary Control		Lua . Jan	47
15 120X ATERIO 2 2 3 5			E E

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

	1-	STATE REGISTRAR		DEPARTA		ICATE OF DEATH	REG. N	10.			
-		CEASED NAME #	RUBY	R.	ROS	S	20 DATE OF DEATH		0,1984	179	50
	1. SE)	Female	4 RACE White	- 3	Dec Dec		4. AGE (INVIDANCIALIS BI 84	etrebary	PUNDER I YEAR ONENL DAYS	HOURS	SAME.
/	7s. 81	South Caro	A CALL STREET, SALES AND ADDRESS OF THE PARTY OF THE PART	WHAT COUNTRY?	MARRIE WIDOWS	D NEVER MARRIED D	* BALTIMORE CITY				MD.
2	E	ny or town of DEATH Baltimore	Long	Green Nu	csing	Center	Salespers	OF WORKING LIFE	Dept	200	
1	M M	aryland	COUNTY POSITUTION	Baltimo	N .	YES NO [	1520 Bolt	on St.	2121	7	
0		George Shoo	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	ACCUSATION OF THE PARTY OF THE			: Jeanette	Andrew Control of the Control	ar	it.	
	Ide V	VAS DECEASED EVER IN I	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES!	149-18-4		John P. Crei	ghton ADON	Same		MATE BUTE OPISET AND	
	NON	Conditions, if ony, wi gove rise to immed conte in storing underlying couse PART 2 OTHER SIGNIF	hich (b)	R AS A CONSEQUE	NCE OF	POT BEATED SO THE TERM	V INALDISEASE OF COR	√ VDITION GIVE	(N IN PART I)	0	
-	CERTIFICATION	HN DATE OF OPERATION	N IN COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	IN CERTIFY	WERE FINDS VING CAUSES		HET
	MEDICAL CER	724 PHYSICIAN SHAME	PEOF DIATH PARAMENTE  The PLACE (AT HOME IN Proportial) attraction of	M. MONTH DA M. OF HAJURY HELL FACTOR DIRECT  other death.  Trich, M.I	10 WM 17C)	5006 Roland	death occurred on the	control of the contro	and from the	than to be capture sto	74 74
	7.55	HURIAL CREMATION, REA ITIAI—Transi	CONTRACTOR OF THE PARTY OF THE	14,1984		emetery or crematory pewell	Mullins,	Mario	n Co	SC	ram.
	Mi	were owector tchell-Wied	lefeld Home	Inc. Bal	5500 to.,	York Rd. AUG	PREC D BY REGISTRA	1 STATE OF STATE	NACOCOON!	UKE	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO PLINERAL DIRECTOR, After this certificate has base signed by the attending physician and co shapped be detached for use as the bund-trainst permit. Then please remove corbon-papers. Pages 1 with the State Dept, of Meoth and Mental Hygerie prior to borrol, cremation, or removal.

ATTENDING PHYSICIAN, The lo-

ned by the hospital or

TO HOSPITAL

MPORTANT, If hem 21 is marked or hem 18 shows any

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

retained by the haspital or attending physician.

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	RI	G. NO.			
	CEASED NAME FOR PRINTI	Anna	۸	Rebecca	F	Rote	2a DATE OF DEA	S O S	O7	84	26 HOUR 4:46F
3. SE	Female		Cauca	cian	5. DATE O		6 AGE (IN YEARS)	87	MONTH!	DER I YEAR	IF UNDER 24 HR
Mo	irthplace (state of		CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE C	TY OR COL		EATH	
1	Baltimore	City	(IF NOT IN SUCI	NOSPITAL, NURSING FACILITY, GIVE STREET	(tal)	of Baltimore	120. USUAL OCC (TYPE OF WORK FOR HOMEMA	NOST OF WORK		KIND O DUSTRY	F BUSINESS (
5 13a.	AL RESIDENCE (IF NO	PSING OME OR O PSI COUNT Balti	Y	GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Pikesvi	'N		13e STREET ADDR	RESS / ZIP C	code	Ave	2120
367	David			mler		15. MOTHER'S MAIDEN NAME Sally	MIC	DIE	Jac	kson	
	WAS DECEASED EVE YES, NO OR UNKNOWN) O	(IF YES, GIVE	EU FORCES? WAR OR DATES)	217-03-6	100	17 INFORMANT Mis 220 Stade Av	s Emily ' enue Pik	DDRESS Fi Soull	ote e Mo		208 .
	18 CAUSE OF DEA PART I, DEATH	WAS CAUSED  IMMEDIATE	BY:	Cardiog		shock . Conge	stive hear	t faile	ure -		MATE INTERVAL ONSET AND DEAT
	Conditions, if an gave rise to in couse (a), stat	nmediate	(b)	AS A CONSEQUE	dial	Infarction				10	days
	underlying cau	se last.	(c)	Coronary	1 01	rtery disease	INAL DISEASE OR	CONDITION	I GIVEN IN	PART III	
NOT	Rena	tailu	re								
CERTIFICAT	19a DATE OF OPER		196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	INC	F YES, WER ERTIFYING YES [	CAUSES	OF DEATH?
7	218, ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME	CAUSE OF DEATH	216. TIME OF HOUR A.A P.A	A. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE C	OF INJURY IN ITE	M TE PART TO	R PART 2)	
MEDICAL	21d. INJURY OCCU	WHILE	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET	cin	NWOT RO	((	YTMUC	STATE
	220.1 certify that ( saw the deced above, (1) (we)	sed alive an_	n attended the	19	84 .or	od that in (our) opinion of	, to R	he date and	, 19 I hour ond t		hat (II) (we) I causes stated
	22b. SIGNATURE	hun-K	my h	Lung		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN	/	8/7	1984
	22d PHYSICIAN S	in-Kro	y Hu	ang	un-Kang tuang	12401 W. Delu	edere Ave	MD	2/2/	5	
	BURIAL, CREMATION SPECKEY) Burial		6-10-8	4 Wo	odlaw	emetery or crematory  n Cemetery	Woodlo	wn	Balt	imore	STATE Mary
872	NERAL DIRECTOR 28 Liberty	Loring Road	Byers Randal	Funeral lstown,	Direc	tors, Inc. 250 DATE and 21133	1 0 1984	TRAR 256 RE	GISTRAR'S	SIGN	Redelle.

DHMH - 16 50M 4/83 (VRA 15, 4)

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and the same that			JA PANS	- Ch.	3.018

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,	FOR • STATE			DEPARTA		E OF MARYL. IEALTH AND		GIENE 4		2	1	5 9
Ľ.	REGISTRAR				CERTIF	ICATE OF I	DEATH		REG. N	0.		
	ECEASED NAME	FIRST		MIDDLE		AST		20. DATE C	FDEATH	MONTH	DAY YEAR	26 HOUR
		Dora		М.	Roy	wlette		Au	gust	11.	1984	
3. SI	X		4. RACE		5. DATE (		YEAR	6 AGE (IN	YEARS LAST BIF	RTHDAY)	MONTHS DAY	
	Fema1	e	B1a	ck	5	1	11		73	YRS.		
70. E	SIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	MARRIED T	9 BALTIM	ORE CITY C	OR COUN	Y OF DEATH	
M	aryland		U.S.	Α.	WIDOWE		VORCED	Balt	imor	e Ci	tv.	MI
10 (	ITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	120. USUAI	OCCUPAT	ION	126. KIND	OF BUSINESS OF
	Baltimor	e		ident H		tal		(TYPE OF WO	RK FOR MOST	OF WORKING	INDUSTR	
-USI	STATE		OTHER INSTITUTION		ADMISSION)		ITV I IALITCO	13e. STREET	ADDRECC			
	arvland	136. COO	NIT	Baltim		YES TO	NO []			tafe	Aveni	ie 2121
-	ATHER'S NAME				010		SMAIDENNA			Carc		
1	Alfred		MIDDLE	Harvey	5	Δ.	nnie		WIDDLE			LAST
	WAS DECEASED EN	ER IN U.S. A	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMA			ADDR	ESS		
	(YES, NO OR UNKNOWN)  N K N O W N	(IF YES, GI	VE WAR OR DATES)	N/A		Anne	E. Jo	nes :	2818	Sant	aFe A	venue
	18 CAUSE OF DE			line for (a), (b), and	d (c).)				11 -			OXIMATE INTERVAL
	PART I. DEATH		ED BY: TE CAUSE (0)		17	Scu	1) 657	TH C.	H.F.		7	40
		WWW.EDW	S. C. Harris	R AS A CONSEQUE	NCE OF				770.5	0.00	•	
	Conditions, if o	ny, which	( ,b)	K AS A CONSEGOL	INCE OF							
	gove rise to		DUETO	R AS A CONSEQUE	NCE OF				3 10			
	underlying co		(0)	K AS A CONSECUE	INCE OF							
	PART 2 OTHER S	IGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	AINAL DISEA	SE OR CON	IDITION G	IVEN IN PART	1(0)
O	1											
ATI	19a. DATE OF OPE	RATION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUT	OPSY?		ES, WERE FINE	
CERTIFICATION								YES 🗌	NO		YES []	ES OF DEATH?
GE	210. ACCIDENT WAS	UNDERLYING [	216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW th	IJURY OCCUR	RED (ENTER P	ATURE OF INJU	RY IN ITEM 18	PART TOR PART 2	)

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET

NOT WHILE 220.1 certify that (1) (this haspital) attended, the deceased from sow the deceased alive o and that in (my) (our) opinion death accurred on the date and hour

22b. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR STAFF PHYSICIAN [

22e ADDRESS

23d LOCATION
CITYORTOWN
Baltimore, 230 BURIAL, CREMATION, REMOVAL 236. DATE 23E NAME OF CEMETERY OR CREMATORY BURIAL 8/16/84 Balto.National Cem

24 FUNERAL DIRECTOR ADDRESS Wm C March F/H Inc. 1101 E North

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AUG 1 3 1984 GUNA DAVIDON-RANDER

COUNTY

STATE

STATE

Md.

DHMH- 16 30M 2/80 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. Then please remove carbanpaper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

FUNERAL DIRECTOR: After this certificate has bee

OR ATTENDING PHYSICIAN: The

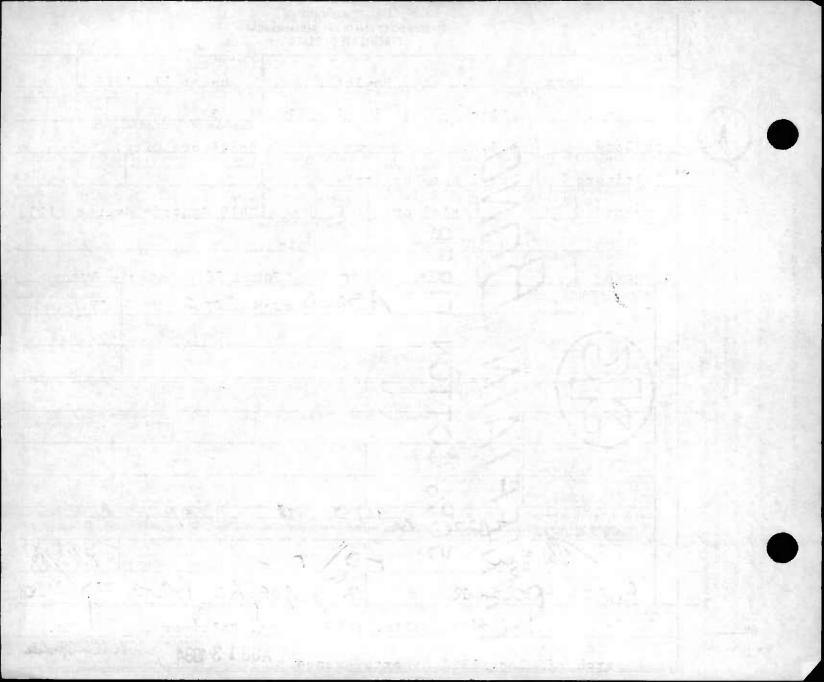
TO HOSPITAL

retained by the haspital or attending physicia

jury, or other traun

IMPORTANT: If Hem 21 is marked or Hem 18 shaws

MEDICA



NE	63	600	1	6-4

1.	FOR STATE REGISTRAR		DEPARTA		FICATE OF DEATH	REG. N	0		, ,	
	CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	2b HOUR	
TYP	RICHAF	D JU	LIUS	RULI	ENZ	August 2	7, 19	84	7:50	рм
3. SE	X	4 RACE		5. DATE (		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HOURS	MRS MIN.
	Male	Whit	e	Nov.	25, 1918	65	YRS	MOITING DATE	, , on ,	
7a. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY C	_			
Ma	ryland	U.S	.A.	WIDOW		Baltimon	ce Ci	ty		MD.
	Baltimore		HOSPITAL, NURSIN CH FACILITY, GIVE STREET Pinewood		OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST C Steelwor)		12b. KIND ( INDUSTRY Beth	Stee	
Ma	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU		GIVE RESIDENCE BEFORE 13. CITY OR JOW Baltimo		13d. INSIDE CITY LIMITS?	3028 Pine	ewood	Ave.	2121	4
14. F/	Julius	WIDDLE	Rulenz		15. MOTHER'S MAIDEN NA Anna	Marie	9	Mun	ski	
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	ESS	137-15	XX 21	214
(	NO	IVE WAR OR DATES)	213-01-2	7682	Theonista	E. Rulenz	2. 30	28 Pi		
	Conditions, if ony, which gove rise to immediate cause (0), stoting the underlying cause last.  PART 2 OTHER SIGNIFICANT	(c)	ONTRIBUTING TO L		NOT RELATED TO THE TERM	IINAL DISEASE OR CON	DITION GIV	EN IN PART 1	(a)	_
CERTIFICATION	19a DATE OF OPERATION	CHI	REINOMA	OPERATION	ON WAS PERFORMED	200. AUTOPSY?  YES	IN CERTIF	S, WERE FINDI YING CAUSES	NGS USED S OF DEATH'	?
	21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY .M. MONTH DA .M	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2}		
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F		21f. LOCATION STREET	CITY OR 10	IWN	COUNTY	STA	TE
	sow the deceased alive on blave, (1) (1) (1) (1) (1)	0/1	19	84.	nd that in (my) (our) opinion	death occurred an the d	ote and hou	- /	that (I) (we couses state	
(	22b. SIGNATURE 2	siela	edson	m		MEDICAL STA DIRECTOR PHYSIC	FF IAN 🗌	Aug.	SIGNED	198
1/	1224. PHYSICIAN'S NAME (TYPE				220 ADDRESS					
1	John B. Ri				5820 York					
	BURIAL, CREMATION, REMOVA		23c. N		EMETERY OR CREMATORY	23d. LOCATION CITY OR JOWN		COUNTY	STAI	I E

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1, and 2 should be filled within 72 hou with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, th

IMPORTANT: If Hem 21 is marked or Item 18 shows any

DHMH-16 30M 2/80 (VRA 15, 4)

Aug. 29, 1984 Green Mount ROBERTEC: ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 21214

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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Edward Ti, Land in the state of th . By a be weets 8300 | Done https:// MALES IS . COM FROM MINES! NO ORS 2 females Market Good Early . A arrest NERE 1,83, rest to 10 to . H. ETC. COLL .T.I. , MOUSELESS . T. H. S.

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIEND

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64	1	1		-

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRS	T MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
- I mayor I	n C.	Russ Sr.	8/27/8	4 1.00
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White	Dec. 16 192	7 56 YR	MONTHS DAYS HOURS MIN.
O. BIRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF WHAT COUNT	DV2 9	A RAITIMORE CITY OR COUR	
Maryland	USA	MARRIED NEVER MARRIED	201h Magar	- P.J.
IO CITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b, KIND OF BUSINESS OR
Baltimore	Francis Scot	t Key Med. Cent	(TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRA
130 STATE N36	COUNTY 13c. CITY OR T altimore Overl	OWN 134 INSIDE CITY LIMITS	130 STREET ADDRESS 4616 Charles	Ave. 21206
1. FATHER'S NAME		15. MOTHER'S MAIDEN	NAME	
Carl	Russ	Eva	WIDDLE	Ortel
60. WAS DECEASED EVER IN U.	S. ARMED FORCES? 166 SOCIAL S		ADDRESS	
yes W	WII 216-2	0-7749 Lois Rus	s 4616 Charles	
18 CAUSE OF DEATH (En PART I. DEATH WAS C	ter only one couse per line for (o), (b)	ond (c		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMM	EDIATE CAUSE (0)	1/07		
	DUE TO, OR AS A CONSE			
Conditions, if any, which		ulmonery accept		
underlying couse los	DUL TO, OR AS A COINSE	OUENCE OF		
	- 1 10 Juberech	unoil homorrhege		
PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	erminal disease or condition	GIVEN IN PART 1/a
NO 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WH	IICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
DH.			YES NOT	RTIFYING CAUSES OF DEATH?
210 ACCIDENT WAS UNDERLYIN	IG   21b. TIME OF INJURY	21¢ HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	
On COLUMN C CALLER		DAY YEAR		
UF EITHER NOTIFY MEDICAL EX.	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
WHILE NOT WHILE C	LAT HOME STREET FACTORY OFF		CITY OR TOWN	COUNTY STATE
220 I certify that (I) (this	hospital) attended the deceased fro	om 8/22 19-8	4 , 10 8/27	
sow the deceased all above, (I) (we) (did) (d	ve on1  I'd not) view the body ofter deoth.	9, and that in (my) (our) opini	on death occurred on the date and l	hour and from the couses stated
226. SIGNATURE		DEGREE		221. DATE SIGNED
Den	Gotte and	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/27/84
22d PHYSICIAN'S NAME	TYPE OR PRINT)	22e ADDRESS	FASTERN DIF	2/22/
6/EN 1	Solton	ERANICIS S	PLATT KEY WE	DICAL CENTER
230 BURIAL, CREMATION, REMO	DVAL 23b DATE 2	3c. NAME OF CEMETERY OR CREMATOR		JUNES CENTRE
Burion	8-31-84	Garden of Faith	CITY OR TOWN	COUNTY STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

unol-tronsit permit. Then please remove ciental Hygiene prior to buriol, cremation,

should be detached for use as the with the State Dept. of Health and IMPORTANT: If Hem 21 is

24 FUNERAL DIRECTOR
Connelly Funeral Home of Dundalk

250 DATE RECT. BY REGISTRAR 135 REGISTRAR'S SIGNATURE AUG 2 8 1934

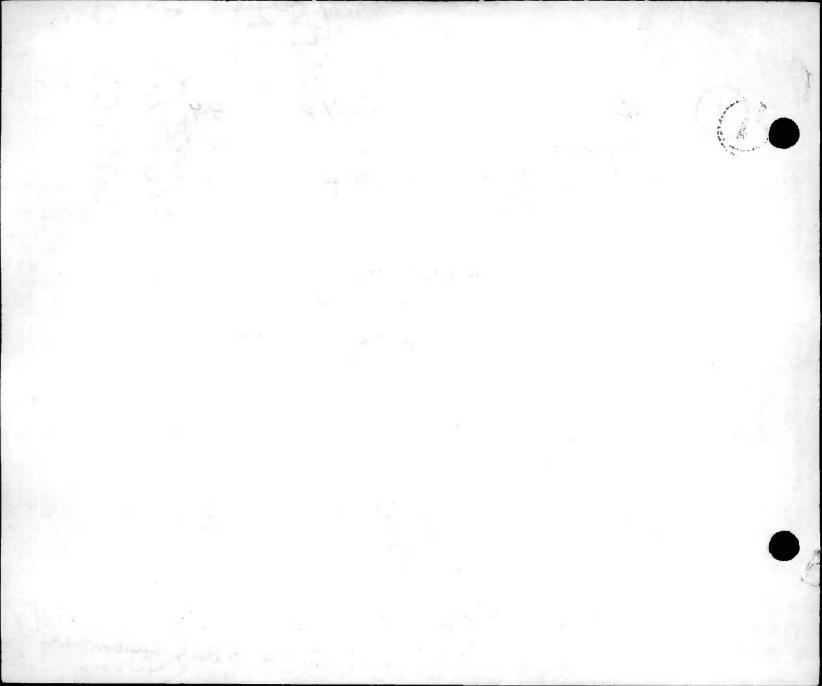
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(VRA 15, 4)

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	PION 8/16/84 - STATE REGISTRAR	kg DEPA	RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRS	elvin MIDDLE	Bussell	20 DATE OF DEATH MONTH DA	3-84 26 HOL
A)	EX NALE	4. RACE  75. CITIZEN OF WHAT COUNT	S. DATE OF BIRTH MONTH 5/5/18 45		FUNDER 1 YEAR E UNDER DN NAS DAYS HOURS
1	Trainia	11. NAME OF HOSPITAL NUE	MARRIED DEVER MARRIED DIVORCED DIVORCED RSING HOME OR OTHER INSTITUTION	BAZTO.	12b. KIND OF BUSINE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BALT,		EFORE ADMISSION	TYPE OF WORK FOR MOST ON WORKING UFE)	INDUSTRY
oluoi m	ATHER'S NAME	COUNTY 13. CHYORT	YES NO 15. MOTHER'S MAIDEN NA		21201
16a	FIRST  WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN)   1   1   1   1   1   1   1   1   1			ADDRESS	1 AST
event, the medic		nter only one couse per line for (a), (b)			APPROXIMATE INTER
move cort notion, or troumatic	Conditions, if ony, which		when of alex	m	
then pleose re to buriol, cren njury, or other		he DUE TO, OR AS A CONSE	QUENCE OF 0		N IN PART TIO
ne prior to	couse (a), stating the underlying couse loss PART 2 OTHER SIGNIFIC.	he st Due to, or as a conse		MINAL DISEASE OR CONDITION GIVES  200 AUTOPSY? 700 IF YES,	WERE FINDINGS USED ING CAUSES OF DEAT
Hygiene prior to 18 shows ony injury	PART 2 OTHER SIGNIFICATION  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MODIFICATION)	ANT CONDITIONS CONTRIBUTING  196. CONDITION FOR WH  197. CONDITION FOR WH  198. CONDITION F	TO DEATH BUT NOT RELATED TO THE TERMINATION WAS PERFORMED  DAY YEAR 19	AINAL DISEASE OR CONDITION GIVES 200 AUTOPSY? 706 IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEAT
Hygiene prior to 18 shows ony injur	PART 2 OTHER SIGNIFICATION  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX)  21d. INJURY OCCURRED  WHITE NOTIFY MEDICALEX  AT WORK AT WORK  AT WORK	DUE TO, OR AS A COLSE  (c)  ANT CONDITIONS CONTRIBUTING  196. CONDITION FOR WH  196. CONDITION FOR WH  OF DEATH OF DEATH AMINER;  216. TIME OF INJURY HOUR A.M. MONTH P.M.  218. PLACE OF INJURY 1AT HOME. STREET, FACTORY, OFF	DAY YEAR  19  211 LOCATION  STREET	AINAL DISEASE OR CONDITION GIVES  200 AUTOPSY?  YES NOTE:  YES YES	WERE FINDINGS USEING CAUSES OF DEAT NO TO THE PART 2)
oched for use as the burial-transit permit. The Dept. of Health and Mental Hygiene prior to If them 21 is marked or If m 18 flows any injuing them 21 is marked or If m 18 flows any injuing MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICATION  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYNOR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX.  21d. INJURY OCCURRED  WHITE NOTIFY MEDICALEX.  22a.1 certify that (I) (this sow the deceased of	DUE TO, OR AS A CONSE  (c)  ANT CONDITIONS CONTRIBUTING  196. CONDITION FOR WH  196. CONDITION FOR WH  OF DEATH HOUR A.M. MONTH P.M.  216. PLACE OF INJURY 1 AT HOME. STREET, FACTORY, OFF	DAY YEAR 19 211 LOCATION STREET 19 101 102 103 104 105 105 105 105 105 105 105 105 105 105	AINAL DISEASE OR CONDITION GIVES  200 AUTOPSY?  200 IF YES, IN CERTIFY  YES YES  RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	WERE FINDINGS USEING CAUSES OF DEAT NO TO THE PROPERTY OF T
hould be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to MPORTANT: If them 2 is marked or It'm 18 Knows any injumPORTANT: If them 2 is marked or It'm 18 Knows any injumPORTANT: If them 2 is marked or It'm 18 Knows any injumPORTANT: If them 2 is marked or It'm 18 Knows any injumPORTANT: If them 2 is marked or It'm 18 Knows any injumPORTANT: If them 2 is marked or It'm 18 Knows any injumPORTANT: If them 2 is marked or It'm 18 Knows any injumPORTANT: If them 2 is marked or It'm 18 Knows any injumPORTANT: If them 2 is marked or It'm 18 Knows any injumPORTANT: If them 2 is marked or It'm 18 Knows any injumPORTANT: If them 2 is marked or It'm 18 Knows any injumPORTANT: If them 2 is marked or It'm 18 Knows any injumPORTANT: If them 2 is marked or It'm 18 Knows any injumPORTANT: If them 2 is marked or It'm 18 Knows any injumPORTANT: If them 2 is marked or It'm 18 Knows any injumPORTANT: If them 2 is marked or It'm 18 Knows any injumPORTANT: If them 2 is marked or It'm 18 Knows any injumPORTANT: If them 2 is marked or It'm 18 Knows any injumPORTANT: If them 2 is marked or It'm 18 Knows any injumPORTANT: If them 2 is marked or It'm 18 Knows and injumPORTANT: If them 2 is marked or It'm 18 Knows and injumPORTANT: If them 2 is marked or It'm 18 Knows and injumPORTANT: If them 2 is marked or It'm 18 Knows and injumPORTANT: If the It'm 18 Knows and It'm 18 Knows a	PART 2. OTHER SIGNIFICATION  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTHEY MEDICALEX.  21d. INJURY OCCURRED  WHILE NOTH WHILE AT WORK  220.1 certify that (I) (this saw the deceased all obove, (I) (we) (did) (ce)	DUE TO, OR AS A CONSEST.  (c)  ANT CONDITIONS CONTRIBUTING  196. CONDITION FOR WH  196. CONDITION FOR WH  NG	DAY YEAR  19  211 LOCATION  STREET  212 And thot in (my) (our) opinion  DEGREE	AINAL DISEASE OR CONDITION GIVE  200 AUTOPSY?  100 IF YES IN CERTIFY  YES NOTER NATURE OF INJURY IN ITEM IS PAR  CITY OR IDWN  40 deoth occurred on the date and hour of the date	WERE FINDINGS USEING CAUSES OF DEAT  NO STILL OR PART 2)  COUNTY S  22 Letter that (I) (vond from the couses steel that (I) (Vond From the couses steel that (Vond Fr



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### STATE OF MARYLAND

- STATE REGISTRA	AR .		DELAKIN	CERTIF	ICATE OF DE	ATH	RE	G. NO.				
I. DECEASED NA	AME FIRST		MIDDLE	ı	AST		20. DATE OF DEA	тн момін	DAY	YEAR	26. HOUR	, D
(TIPE ORPRINT)	Karl			Sa	chs Sr			8	21	84	11:	354
3. SEX		4. RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS L	AST BIRTHDAY)	MONTH.	DER I YEAR	IF UNDER 2	MIN.
Ma:	le	Ca	au.	5 5	3	1900		84 y	RS MOINT	DATS	HOURS	M IN.
70. BIRTHPLACE	( STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AA A DDIE	D NEVER M	APPIED T	9. BALTIMORE C	TY OR COU	NTY OF	DEATH		
Germa	any	U.S.	Α.	WIDOWE		ORCED	Balto.	City	7			MD.
10. CITY OR TOW			HOSPITAL, NURSIN		OR OTHER INSTI	IUTION	120 USUAL OCCU			NOUSTRY	F BUSINES	SS OR
Balto			Arizona		. 2120	6	Butch		NO CHECK		ired	
USUAL RESIDEN 130. STATE Md	CE (IF NURSING HOME OR	OTHER INSTITUTION		ADMISSION)	134 INSIDE CIT	Y LIMITS?	13e STREET ADDR 6002 A	ESS / ZIP C				
14 FATHER'S NA		MIDDLE /	LAST Sac	hs	15. MOTHER'S	MAIDEN NAA	MID	nown		EA	51	
160 WAS DECEA (YES, NO OR UN NO	(SED EVER IN U.S. AR KNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	166. SOCIAL SECU 215-07-		Sofie		achs 60	DDRESS 02 Ar	izo			
Condition	ns, if any, which e to immediate at, stating the	D BY: E CAUSE (o). DUE TO: O	Coronar RAMA CONSEQUE RAS A CONSEQUE	y He scler		seax				Yeu	W AND S	A THE
	THER SIGNIFICANT (	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED T	O THE TERM	NAL DISEASE OR	CONDITION	GIVEN #	PART 1	is.	
THE ACCOUNTY	OF OPERATION	IN COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	YES NO	IN CI			NGS USED OF DEATH	
	INT WAS UNDERLYING UNIT WAS UNDERLYING AND CAUSE OF DRAWNES OF CRAMMERS.	LANGE DE LES VALAITES DE	M. MONTH DA	YEAR	21c HOW INJ	URY OCCURR	ED (INTERNATURE)	F PAJORN PARTER	N FE PART 1	DR PART 21		
A STATE OF THE STA	OCCURRED	21e PLACE LAT HELME, STE	OF INJURY BET, FACTORY OFFICE F	ARM, ETC.1	THE LOCATION	111	on	OKTOWN		contr.	16	wite
100000000000000000000000000000000000000	fy that (I Com	Tuke	deceased from _	14	od that in (my)	opinian a	to Z/	the state and	19.4 hour and	from the	that the	e) out

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Pwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is 230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 236. DATE 8-25-84 BP.

24 FUNERAL DIRECTOR John C. Miller Inc. 6415 Belair Rd. (VRA 15, 4)

73c NAME OF CEMETERY OR CREMATORY Parkwood Cem.

22e. ADDRESS

ATTENDING PHYSICIAN

DEGREE

23d LOCATION
CITY OF TOWN
Balto.

MEDICAL STAFF

STATE COUNTY Md.

17s. DATE SIGNED

AUG 2 4 1984 Felia Javidan

MEDICAL

DHMH - 16 50M 4/83

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1.0	FOR 9-26- STATE PEGISTRAR	FIRST	WIDDLE		ICATE OF DEATH	20. DATE OF DE	REG. NO.	DAY YEA	10 121
		FRANK		SAE		76. DATE OF DE	<b>8</b>	25 8	
3. St	Х	(.)	RACE	5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1.1	
	m		Cave	WONT	15 26	57	YE		ATS HO
16 70 E	BIRTHPLACE (STATE OR		CITIZEN OF WHAT COUNTRY	? 8 MARRIE	NEVER MARRIED	9 BALTIMORE	CITY OR COU		TIM
4	MARYLA		US	WIDOWE	D DIVORCED	0	(120	7 00	CH
10 V	CITY OR TOWN OF DE	ATH III	. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		OR OTHER INSTITUTION	170 USUAL OCC			TRY
5 / USI	JAL RESIDENCE LIENUR	SING HEME OR OTH	SINAL HOS	ORE ADMISSIONS		belten	playe	cla	Ge.
	STATE	138. COUNTY	IMORE 13c. CITY OR TO		134. INSIDE CITY LIMITS?	STREET ADD	RESS	Carl Br	HILL
D1 14.F	ATHER'S NAME				15. MOTHER'S MAIDEN N		2011	1004	77
311	MAX	MID	5 ASC	KS	FANNIE	. M	IDDIE	NEIGE	NE
	WAS DECEASED EVER		D FORCES? 16b	9502	7. INFORMANT		ADDRESS		
1	(YES NO OF THIKHOMA)	(IF YES, GIVE W		-5902	Allan Sac	KS 35	17 FI	annery	1 6
	18 CAUSE OF DEA	TH (Enter only o	one couse per line for (a), (b), one	and (ch.)	ARREST			BETW	PROXIMATE
	Canditions, if any gave rise to im cause (a), stati	mediate	DUE TO, OR AS A CONSEO		LYOCARDIA Z	- INF	ARETI	on"	1
	underlying caus		(c)	UENCE OF					
z	PART 2. OTHER SIG	NIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE O	R CONDITION	GIVEN IN PAR	T 110
CERTIFICATION	19a DATE OF OPERA	ATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPS	Y? 20b. IF	YES, WERE FI	NDINGS
7 1	150					YES N	O IN CE	RTIFYING CAL	JSES OF I
//	218, ACCIDENT WAS UN	CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH		21c. HOW INJURY OCCUI	RED (ENTER NATURE	OF INJURY IN ITEM	18 PART I OR PAR	T 2)
1 0	216. INJURY OCCUP		P.M. 21e. PLACE OF INJURY	19	211. LOCATION			COUNT	
18	WHILE TO NOT W	HILE DRK	(AT HOME, STREET, FACTORY, OFFICE	E. FARM, ETC )	STREET		TY OR TOWN	COUNT	
MEDICAL	AT WORK AT WO			T	. 15. 6.4		7.2	3 10 09	_, that
WED	22a. I certify the		attended the deceased from		99	, 10		. 19 0	
MED	22a.l certify the (1) sow the leceo			, 01	nd that in (my) (aur) apiniar	death occurred a	n the date and		
WEG	22a. I certify the			, 01	nd that in my aur) apiniar	death occurred o		22¢. D	ATE SIG
WEG	22a.l certify the (1) sow the leceo	didi) did nat) v	iew the body after death.  Electrical and the service of the servi	741	nd that in my our) apinion DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR [	STAFF PHYSICIAN	22c. D	ATE SIGN
1	22a. I certify the (II south leceo obove (I) well 22b. SIGNATURE  22d. PHYSICIAR'S N	MA DEC	The state of the s	Tel }	DEGREE  ATTENDING PHYSICIAN  270. ADDRESS  3635 OLD	MEDICAL DIRECTOR D	STAFF PHYSICIAN	22c. D	ATE SIGN
1	220. I certify the (1) source (1) we'll 220. SIGNATURE (2004)	MA DEC	iew the body after death.  Eligebleceum  RELBAUM, H  23b. DAJE  23d.	Tel }	nd that in my our) apinion DEGREE ATTENDING PHYSICIAN	DIRECTOR DIR	STAFF PHYSICIAN DOWN	22c. D	ATE SIGN

HEBREW MEMORIAL F. H. PIKES VIIIE, MD 2/208

STATE OF MARYLAND

AUG 2 9 1984 Lie Tavidson-Randelle

item 16b, film#G595 -

DHMH - 16 50M 4/82 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR STATE REGISTRAR				EALTH AND MENTAL HYG	REG. NO	of the first of th		
I. DECEASED NAME FIRST	,	MIDDLE	Į	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR P
STEPH	EN	G.	S	SAIN	AUGUST 5	, 1984		10:16
3. SEX	4. RACE		5 DATE C		6 AGE   IN YEARS LAST BIRT	HDAY] IF UN	DER I YEAR	IF UNDER 24 HRS
MALE	WHI		Apr		26	YRS.		HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D DAEVER MARRIED A	9 BALTIMORE CITY O	R COUNTY OF E	DEATH	
N. C.	U.S	5.A.	WIDOWE		BALTIMOR	E CITY		MD
10. CITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	170 USUAL OCCUPATE			BUSINESS OR
BALTIMORE	THE J	OHNS HOP	KINS	HOSPITAL	Textile W		Text	ile
USUAL RESIDENCE (IF NURSING HOMEO 130. STATE		GIVE RESIDENCE BEFORE A 134. CITY OR TOWN MOCKSVI	,	13d. Inside City Limits? Yes 🔀 NO 🗌	13e.STREET ADDRESS / 960 Hard	zip code ison St	. 270	328
14 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST	
Everette	WINDLE	Sain		Sarah	MIDDLE		Dani	el
160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDRE	SS		
(YES, NO OR UNKNOWN) (18 YES, G	VE WAR OR DATES)	231-92-3	3223	HOSPITAL	RECORDS	6		
18 CAUSE OF DEATH (Enter o	nly one couse per	line for (a), (b), and	ICI.)			T	APPROXIM BETWEEN OF	NATE INTERVAL
PART I. DEATH WAS CAUS	ED BY: TE CAUSE (o)	septic	4	Lock			/	2005
Conditions, if any, which	DUE TO, O	R AS A CONSEQUEN	ice of lead					Off,
couse (o), stoting the underlying couse lost	DUE TO, O	RAS A CONSEQUEN	ICE OF	now tran	splant			, V.
PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONT	DITION GIVEN IN	N PART Tro	
& Chronic	my	elogenou	s.	levkemi	c-			
190 DATE OF OPERATION  190 DATE OF OPERATION	196 COND	TION OR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING YES		
OR CONTRIBUTION CALLES OF DE	ATH HOUR A.	M. MONTH DAY		21¢ HOW INJURY OCCUR			OR PART ?	
(IF EITHER NOTIFY MEDICAL EXAMINE		M.	19	21f LOCATION				
(IF EITHER NOTIFY MEDICAL EXAMINE  21d. IN JURY OCCURRED  WHITE NOT WHITE AT WORK AT WORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FAR	M ETC	STREET	CITY OR TO	WN (	OUNTY	STATE
220.1 certify that (I) (this hosp	ital) attended th	e deceased from	7/	16 ,19 8	4. 10 8/	5 19	84.1	not (1) (we) lost
sow the deceased alive a above (I) (we) (did) (did)	8	19	84.0	nd that in (my) (our) opinion	death occurred on the de	ate and hour and	from the c	ouses stated
276 LICNATURE	//	giver degrits		DEGREE ATTENDING	MEDICAL STAF	F	22c. DATE S	
1	land	ull		PHYSICIAN [	DIRECTOR PHYSIC			1/17
DREW	PART	OUL MI	D		N. WOLFE S top(4NS	ST. BAI	TO.	MD. 21205

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached IMPORTANT. IF

> Removal-Burial
> 24 FUNERAL DIRECTOR 8-7-84

236. DATE

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY Oak Grove

23d LOCATION
CITY OF TOWN
Mocksville Davie

N.C. 250 DATE REC'D

Henry W. Jenkins & Sons Co., Balto., Md.

AUG 1984 256 REGISTRAR'S SIGNATURE

Minimum place of the contract 
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGYENE CERTIFICATE OF DEATH JOSEPH A. SAMLUK **HEGISTRAR** REG. NO. 20 DATE OF DEATH YEAR 2b HOUR THE CERENT 84 0500 IF UNDER MI HRS IF UNDER LYFAR 1.5EX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR aucasian 07 YRS 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE I STATE OF FOREIGN NEVER MARRIED MARRIED USF IMORE WIDOWED DIVORCED T 1.1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR CITY OF TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! INDUSTRY NIVERSITY MORE 705019 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? (19971)NO X LANTERN 0019 15. MOTHER'S MAIDEN NAME M FATHER'S NAME MIDDLE MIDDLE ANGELA PAWLIK WTT.T.TAM SAMLUK 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? Delaware (19971) (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 221-09-7997 Marie Siwak Samluk 42 Latern Lane Rehoboth NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF discas Conditions, if any, which ARTHEROSCICR gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION -OKONAR

196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED No DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? no Racoab do Mina aneu RYSM NOV YES [ NO F 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STREET (AT HOME STREET, FACTORY OFFICE, FARM ETC.) WHILE NOT WHILE AT WORK 2/29 22a.1 certify that (1) (this haspital) ottended the deceased from that (I) (we) last

226. SIGNATURE DEGREE ATTENDING PHYSICIAN THE PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

CITY OF TOWN Wilmington.

MEDICAL

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

COUNTY

22c. DATE SIGNED

STATE

Burial 24 FUNERAL DIRECTOR

(SPECIFY)

23a BURIAL, CREMATION, REMOVAL

MEDICAL

'84 Cathedral Cemetery Sept.

Fulia Davidson Randall

STAFF

DHMH - 16 50M 4/83 (VRA 15, 4)

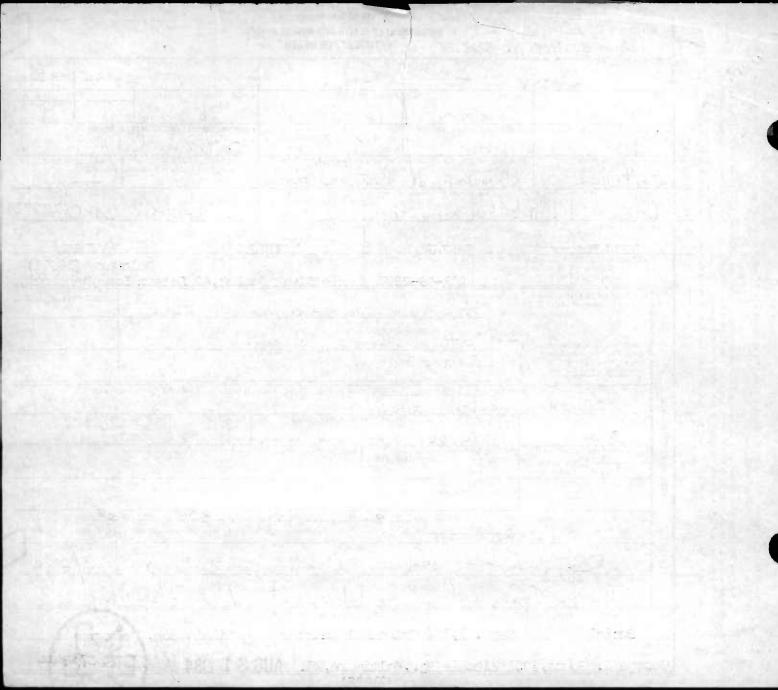
George J. Gonce, 4001 Ritchie Ha., Baltimore, Md.

abave, (I) (we) (did) (did not the 1 body after death

236 DATE

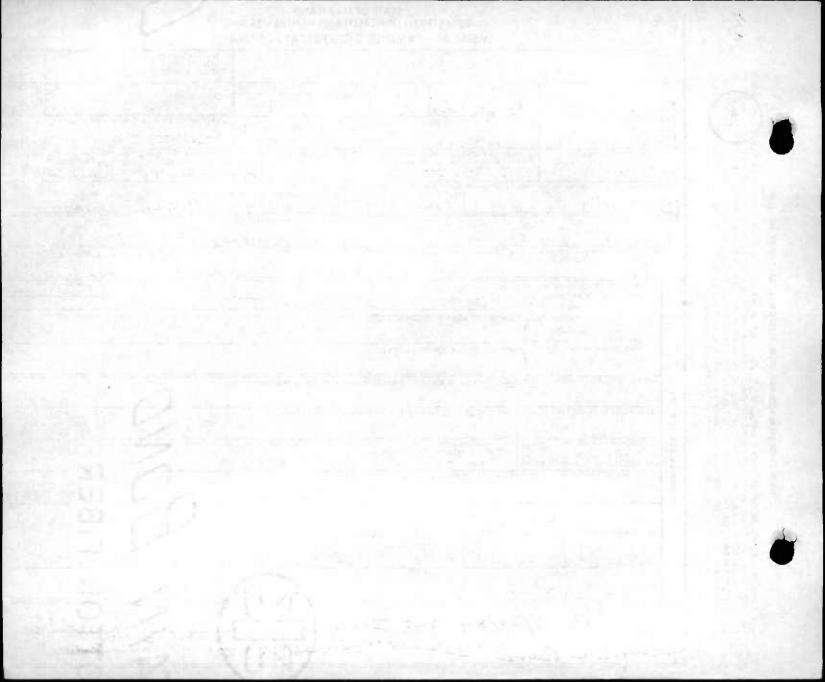
saw the deceased alive on.

(21225)



20M 4/82

STATE OF MARYLAND



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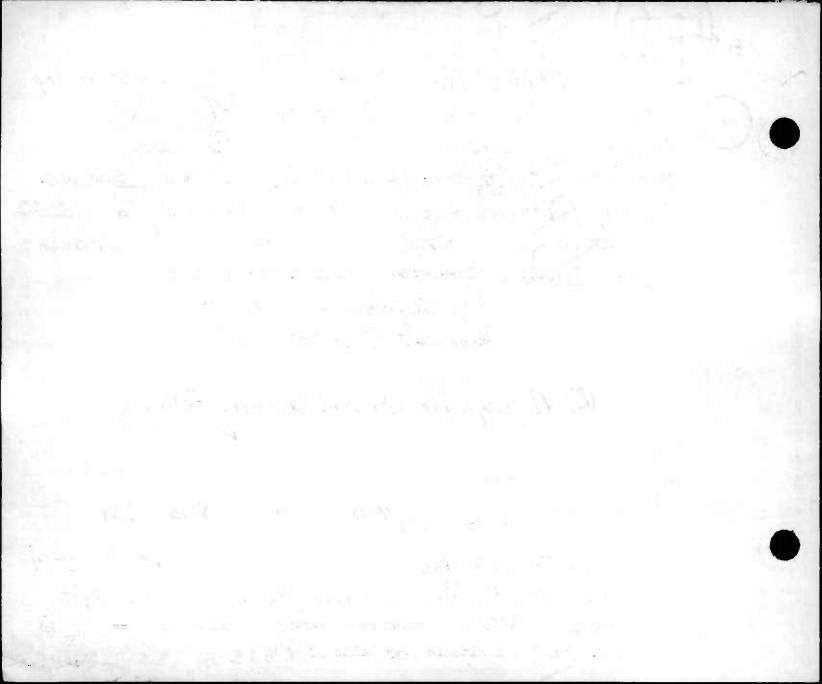
	STATE OF MARYLAND				
FOR	DEPARTMENT OF HEALTH AND MENTAL HYC				
- STATE	CEPTIFICATE OF DEATH				

Į	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.			
		CEASED NAME (JAST)	beet M	, 5	en K	20. DATE OF DEATH M	8-13.	-84 21	OP M
	3. SE)	mate !	CAUCASIAN	5. DATE C	400	6 AGE (IN YEARS LAST BIRTH	YRS.	S DAYS H	UNDERT HRS.
1	W	D. Virginia	LOTIZEN OF WHAT COU	MARRIE		9 BALTIMORE CITY OR	nore		MD.
1	古	ATMORE /	50. PATINO	re street address)	een Hospital	Machinist	MONA - HEI IN	DUSTRY	corp.
1	130	AL RESIDENCE (IF NURSING HOME OR O STATE HAN COUNT ARYLAND HAN	Apudel 13c. et po		13d INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NAM	136 STREET ADDRESS / Rus	1 0	1	2/120
	)	1750R	idore (	Sonk	FIRST Hele	MIDDLE	, ,	UND	TOWA
I		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (15 YES, GIVE.	WAR OR DATEST	1-3204	Stella S. Sa	nk Same as			
ĺ		CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY /	(b) fand (c).)	monARy F	Perest		APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	DAIA C	GRAM © S	pepsis			
	CERTIFICATION	PART 2. OTHER SIGNAL CANT CO	PN 15 Ph CE	Rice (b)	PEDRA /BBOI	200 AUTOPSY?	TION GIVEN IN 20b. IF YES, WEI IN CERTIFYING YES T	RE FINDING CAUSES OF	
	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (HE RITHER, NOTHEY MEDICAL EXAMINER) 71d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY,	19	216 HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY		OUNTY	STATE
I	N	WHIE AT WORK NOT WHIE 220.1 certify that (I) (this hospita saw the deceosed alive an above, (I) (we) (did) (did nat)	ol) ottended the deceased	from 7	nd that in (my) (aur) apinion d	eath occurred on the date	19_ e and hour and		nt (1) (we) last uses stated
		27h SIGNATURE	Suck M		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		8-/=	3-84
		22d. PHYSICIAN'S NAME LIVERO	uck, M.	D,	South SA	Himore Go	eneral	Hospi	tal
		BURIAL, CREMATION, REMOVAL (SPECIFY) BUrial	8/17/84		Park Cemetery	23d LOCATION ENTRY OF TOWN Baltimo	re =:		Md

DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritch 100 Hgwy Balto Md

AUG 15 1984 Like Davidson Fund



20M 4/82

STATE OF MARYLAND

400 11 - 12	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furners should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled writhin 72 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 PHYSICIAN: The etained by the haspital ar attending physician.

exom

event, th

jury, ar other traumatic

MPORTANT: If Item 21 is marked ar Item 18 sh

(SPECIFY)

## STATE OF MARYLAND

FOR STATE REGISTRAR			DEPARTM		EALTH AN	D MENTAL HY F DEATH	GIÊNE	REG. NO.		,			
DECEASED NAME	FIRST		MIDDLE		ERFIE	LD		OF DEATH #	ONTH	DAY	YEAR	26 HO	JR A
SEX	_	4 RACE		5. DATE C	DAY	YEAR	6 AGE	IN YEARS LAST BIRTHI	DAY)	MONTHS		# UNDE	R 24 HRS MIN,
Male		Whit	e	Apri	11 25,	1922	62		YRS.				
BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVE	R MARRIED		MORE CITY OR			ATH		
Baltimor	e	USA		WIDOWE	٥	DIVORCED [	Ba	ltimor	e C	ity			ME
Baltimo			OSPITAL, NURSING H FACILITY GIVE STREET A ON MEMO				(TYPE OF W	ALOCCUPATION ORK FOR MOST OF VENEZING	WORKING L	FE) IND	KIND O USTRY	F BUSIN	ESS OR
SUAL RESIDENCE (# N 3a. STATE	COUR	VTY	GIVE RESIDENCE BEFORE A	I		CITY LIMITS?		T ADDRESS / 2				210	4-
Maryland	Howa	ard	Ellicot	t Clt	WES M	NO 🗌	3010	8 Center	L DE	Lve	OH,	10	-
Claude M		erfield	LAST			R'S MAIDEN N FIRST OTENCE	AME	WIDDLE			LAS	t	
WAS DECEASED EV	FRINUS AR	MED FORCES?	16h SOCIAL SECUR	ITY NO	17 INFOR	MANT		ADDRES:	S				

	(YES NO OR UNKNOWN)	YES, GIVE WAR OR DATES)	215-12-5571	A Mrs. Betty	Sattrfiel	d 3018	Center Dr.
	18 CAUSE OF DEATH (E PART I. DEATH WAS		line for (a), (b), and (c).)  CARDIORESP	PIRATORY A	erst		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
		hich (b)	R AS A CONSEQUENCE OF HEPATORS A CONSEQUENCE OF HEPATOTS			DITION GIVEN IN P	PART I (a
CERTIFICATION	19a DATE OF OPERATION	N 196 CONDI	TION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		FINDINGS USED AUSES OF DEATH?
_	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.	M. MONTH DAY YEAR	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR	PART 2)
MEDICA	21d INJURY OCCURRED	(AT HOME STR	OF INJURY EET FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OF TO	WN COL	UNTY STATE

l				YES NOTE	YES [	NO []
Н			21c HOW INJURY OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM I B PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19				
		21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOV	VN COUNTY	STAT
	AT WORK AT WORK				about the same of	

	2201 certify that (1) (this hospital) bittended the deceased f saw the deceased alive on AUGUST (1) above (1) well (did not) view the body ofter death.	rom 7027 21 19 84 , and that in (my)	1984 to ANGUST (	, 19, that (I) we lost nour and from the causes stated
м				

PHYSICIAN

8-1/18 DEGREE STAFF ATTENDING MEDICAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e. ADDRESS

7.1. KRAM	ER		Union	Memorial	Hospita.
23a. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CE/	AETERY OR CREMA	ATORY 23d LOCAT	ION

Burial Aug 14,1984 24 FUNERAL DIRECTOR

Baltimore Maryland
By REGISTRAR 35 REGISTRAR'S SIGNATURE

CITY OR TOWN

Loudon Park
ott City AUG 14 Witzke 4112 ColumbiaRds Ellicott City

whia Davidson-Randale

BP.

TO HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

And the state of t

La Attail months and a second 
51 sall of sale all and

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dissipator of the bund-tronsit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 has with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the haspital or attending physician.

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

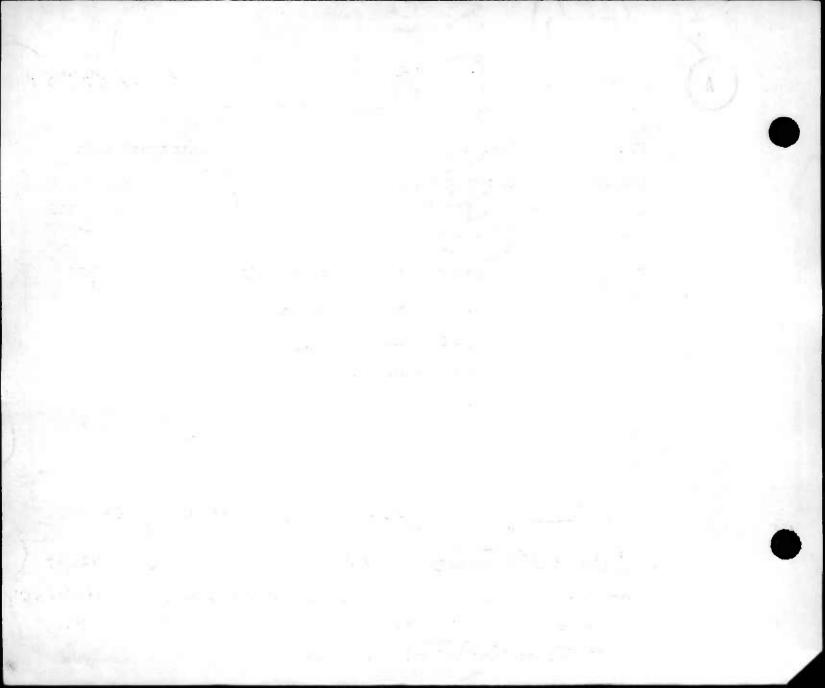
deoth. Page 4 may be

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

5

REGISTRAR				CERTITI	CAILOI	DEATH	REG	NO.				
1. DECEASED NAME	FIRST	MID	DLE	17	A51		20. DATE OF DEATH	MONTH	DAY	EAR :	b HOUR	
(TITE OR PRINT)	HELEN	1		SAUN	IER			8	22	341	1:45	P
3. SEX	4	RACE		5. DATE O		W D	6 AGE IN YEARS LAST	BIRTHDAY)	IF UNDER		IF UNDER 24	HR5
FEMA	LE	WHIT	E	API		1906	78	YRS	1 1	DATS	HOURS	MIL
a BIRTHPLACE (S	ATE OR FOREIGN 71	CITIZEN OF WH	HAT COUNTRY?	B. MARRIET	□ NEVE	R MARRIED -	9 BALTIMORE CIT	OR COUN	TY OF DE	TH		
MD.		U.S.A		WIDOWE		DIVORCED	BA	LTTMO	DRE C	TTY		٨
10. CITY OR TOWN	OF DEATH 1	<ol> <li>NAME OF HO (IF NOT IN SUCH F)</li> </ol>	SPITAL, NURSIN		R OTHER IN	STITUTION	OFFICE	ATION STOEWORKING	12b K	IND OF	BUSINES!	8
BALTI	MORE		MEMOR		HOSPI	TAL	OFFICE .	MGR.	IEA	THE	R GC	00
USUAL RESIDENCE 130. STATE MD.	136 COUNT	Y 13	re residence befor le. CITY OR TOW BALTIM	/N	13d INSIDE	CITY LIMITS?	3011 BE	s/zipco LAIR	RD.	21	213	
14. FATHER'S NAME	M	IDDLE	LAST		15 MOTHE	R'S MAIDEN NAM	ME			LAST		
MARTIN	-	S	KANE			EMMA			R	OËH	NER	
160 WAS DECEASED	EVER IN U.S. ARM	WAR OR DATES!	b. SOCIAL SECL		17 INFOR			DRESS			_	
(YES 118 OR LINKING		2	15-12-	4744	KAY	SAUNER	(DGHTR)	SAME				
18 CAUSE OF	DEATH (Enter only ATH WAS CAUSED	one couse per lin	e for (a), (b), on	nd Icil		1			BE	TWEEN ON	ATE INTERV	EAT
	IMMEDIATE	CAUSE (o)	respir	alone	1 10	11ure						_
		DUE TO, OR A	S A CONSEOU	ENCE OF								
	f ony, which	( (b)	LLL X	her	mor	iai						
	o immediate	DUE TO OF :				110						
	couse last.	DUE TO, OR A	netast	A SC.	00,				ļ			
PART 2 OTHI	R SIGNIFIC ANT CO				NOT RELAT	ED TO THE TERM	INAL DISEASE OR CO	DINDITION	IVEN IN P	ART Ico		=
					3							
NO DATE OF C	PERATION	196 CONDITIO	ON FOR WHICH	OPERATION	WAS PER	ORMED	20e AUTOPSY?		ES, WERE			_
Ĕ							YES NOT		TIFYING C.	AUSES C	P DEATH	7
210 ACCIDENT	WAS UNDERLYING	21b. TIME OF I			21c HOW	INJURY OCCURR	RED (ENTER NATURE OF	-		ART 2)		_
OR CONTRACTOR	G CAUSE OF DEATH	HOUR A.M.	MONTH D	AY YEAR								
(IF EITHER NOT	CCURRED	21e PLACE OF	INJURY	17	21f LOCA							
WHILE AT WORK	NOT WHILE		FACTORY OFFICE	FARM ETC )	STR		CITYO	NWOTS	COU	NIY	STA	,TE
	hot (I) (this hospita	) attended the a	deceased from	9/1=	2	10 04	10 0/2=	h	10 8 7	<i>f</i> 11.	at (II) (we	e) le
sow the	deceased alive on	8 22	195	41 .00	d that in (m	y) (our) opinion o	death occurred on the	e date and h	our and fro		7000	and the last
obove, (I	(we) (did) (did not)	view the body off	ter death.	1	DEGREE					DATE S		_
M	it w	11	0,1.		h h	ATTENDING	MEDICAL S	TAFF S	120	8/2	1/04	ز
162	unua	1. Jan	ywu		111)	PHYSICIAN [	DIRECTOR PHY	SICIAN		0/00	70/	
226. PHYSICIA	N'S NAME (TYPE OR	PRINT			22e ADDR	100		11	0	0.	10.1	
l be	rnita (	, lan	1/01		401	OE M	15 TY WUT	d NO	y fa	ilt-	ma.	2
23a BURIAL, CREMA		236. DATE				R CREMATORY	23d. OCATION		COUNT	, 191	D 51A	16
(SPECIFY) B	URIAL	8/25	/84  HC	DLY R	EDEEM	IER	BALTI	MORE	+ COONT	M	D.	34
24 FUNERAL DIMEC												_
	MIMUNEK	FUNERA	L HOME	INC.	C		E REC'D. BY REGISTR	AR 256. REG	ISTRAR'S S	GNATU	RE	
NAME 33	NIMUNEK 31 Brehi	FUNERA ms Lane	L HOME Balto	S' Md	C. 212		PREC'D. BY REGISTR	1 1. 1	strar's s	50	dell	



requires that the death certificate be executed within 24 hears

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or ottending physician.

BP\_\_\_\_\_ DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbomopers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

		FOR
ŀ	-	STATE
		REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1.	REGISTRAR				CERTIF	ICATE OF DEAT	TH	REG. NO	).		
	ECEASED NAME	FIRST	MIDI	DLE	- 1	AS1				DAY YEAR	2b. HOUR
(14)	PE OR PRINT)	MARI	1 1	0	5A	VAGE			81:	3 84	855 P
3. SI	EX		4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIRT		FUNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
	Fem	ale.	Black		MONTH		58	56	YRS.	UNIHS BATS	HOURS MIN.
7a. 8	BIRTHPLACE (STAT		76 CITIZEN OF WH		10	NEVER MARR		9. BALTIMORE CITY O		OF DEATH	
0	MARYLAN	JD	118A		WIDOWE			BALTIMOI	RE C	ITY	м
	CITY OR TOWN OF			SPITAL, NURSIN	IG HOME C	R OTHER INSTITUT	ION	120 USUAL OCCUPATE	NC		OF BUSINESS O
0 1	BALTIMO	RE	1	MARYL	AND			HOUSELDI		INDUSTRI	
USU	UAL RESIDENCE (#			E RESIDENCE BEFORE		136 INSIDE CITY LI	IAAITS2	13e.STREET ADDRESS /			
-	ARYLANT			BALTIMO		YES NO		711 N. LON			1216
	ATHER'S NAME		MIDDIE	Sne		15. MOTHER'S MA	IDEN NAM	NE MIDDLE		LAS	
a	OSC	0	(s	SMIFF	10	HAN	NAL	4		SM	1
	WAS DECEASED E	VER IN U.S. AR		SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRE	SS		
	NKN DW		E WAR OR DATES)	21770	6518	James	T. S	avage 711	N. 1	Longwo	ood St
F	7		ly one couse per lin	e for (a) (b) on						APPROX	CIMATE INTERVAL
		H WAS CAUSE	D BY:	ETAST		COZANI	CAG	RUNOMA			nonth:
		IMMEDIAT	E CAUSE (o)	LINGI	11/6	COLUN	CZI	CANOILIZA		1011	10////
CERTIFICATION	PART 2 OTHER					NOT RELATED TO T	18V-1	200 AUTOPSY?	20b. IF YES, IN CERTIFY	, WERE FINDI	NGS USED S OF DEATH?
	-		1 111 71115 05 1	. CILIBN		Tal. Howalling	0.000000	YES NO		5 🗍	NO 🗌
-	21a. ACCIDENT WA	CAUSE OF DEA	110110 4 44	WONTH D	AY YEAR	ZIC HOW INJURY	OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM IS PA	IRI I OR PART 2]	
S		MEDIC AL EXAMINER			19						
MEDICAL	21d. INJURY OC	OT WHILE	21e. PLACE OF	FACTORY, OFFICE, F	ARM, ETC ]	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	AI WORK	I WORK					6-1		-	627	
			attended the d		7125		84	10_8/	13 1	,	that ( (we) ic
	sow the de obove (I)	ceosed alive on, ve) (did not	\$13184 1) view the body of	ter death.	,		opinion d	eath occurred on the do	ofe and hour		
	226 SIGNATURE	2	0			DEGREE	101110	MEDICAL STAT		22c. DATE	SIGNED
	Baile	ain U	. Conle	y	M		ICIAN [	MEDICAL STAF		8/13	184
	22d. PHYSICIAN	S NAME ITYPE O	R PRINT)	J		22e ADDRESS					21201
	BARBAI	99 A. (	CONLEY	MO		umcc	22	5. GREENE	57	13/121	omo
230	BURIAL, CREMATI	ON, REMOVAL	23b. DATE 8/18/			EMETERY OR CREM		ATBUTUS		COUNTY	Md ATATE
24	FUNERAL DIRECTO	R					25A P 102	RECTURBY HOUSARAR	SMESKI	ASSESSED A	andelle
1.7	m C Mar	ch F/U	Inc	ADDRESS	Non	th Arro	700	1 0 1304	PE APPL BAND	1-1001-1	
N.A.	m o mar	CH F/R	, IIIC.	TIVI	NOL	AVE.	1	-			

20M 4/82

STATE OF MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the for should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

## FOR DEPARTMENT OF HEALT

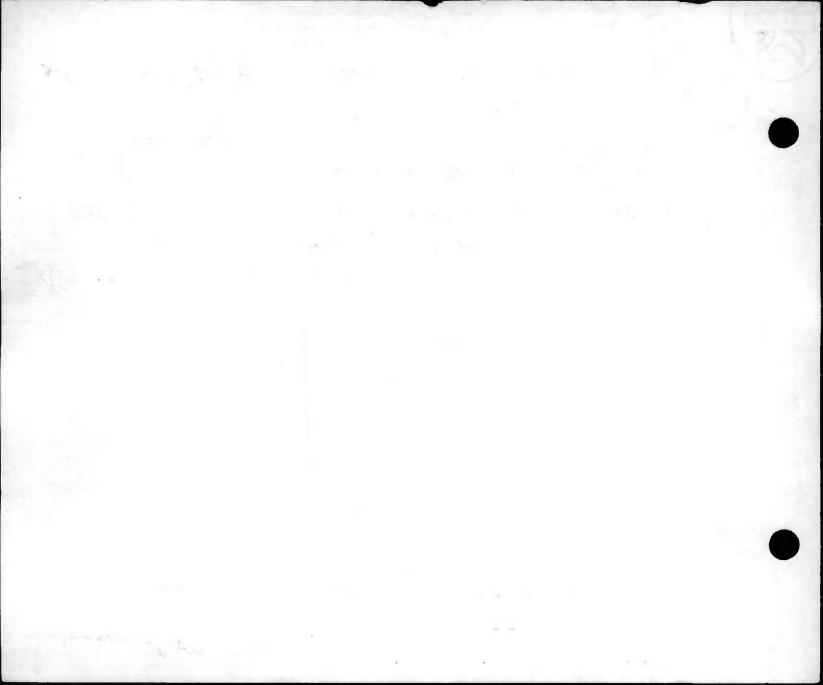
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYORNE
CERTIFICATE OF DEATH

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2		1	2	de

JAMES E. SCALES  BLACK				CERTIFICA			REG. N	Ο.		
1. SEX MALE    SACE   STATE OF DRIFT   1943   4. AGE (INTERNISATION)   ECONOR TEAM ENUMBER   1943   4. AGE (INTERNISATION)   ECONOR TEAM ENUMBER   1943   4. AGE (INTERNISATION)   ECONOR TEAM ENUMBER   1943   4. AGE (INTERNISATION)   ECONOR TO BEATH   1943   4. AGE (INTERNISATION)   ECONOR TO BEATH   1943   4. AGE (INTERNISATION   1943   4. AGE (INTERNISATION)   ECONOR TO BEATH   1943   4. AGE (INTERNISATION   1943   4. AGE (INTERNISATION   1943   4. AGE (INTERNISATION   1943   1943   1944   194					T.ES		20 DATE OF DEATH	MONTH I	DAY YEAR	26 HOU
MALE  BLACK  6 17 17 1943 41 yes    A 1							0/0-//	8 7	E HAIDER L ME LE	7
The BRITHPLACE (ISLATIONES ON PART COUNTRY)   MARRED   NEVER MARRED   SALTIMORE CITY OF DEATH BALTIMORE CITY OF DEATH BALTIMORE CITY IN MARRED   NOVORCED   DUDGECED   BALTIMORE CITY IN MARRED   NOVORCED   MARRID   MARRED   NOVORCED   MARRID				MONTH	DAY		41			
WOOMED DATH CAROLTINA  U.S. WOOMED DOWN OF DEATH  BALTIMORE  11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION  12. STATE  BALTIMORE  11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION  12. STATE  MARYLAND  13. STATE  MARYLAND  14. FAIHER'S HAME  BUIDDY  SCALES  15. MOTHER'S MARJEN NAME  BUIDDY  SCALES  16. MORNE SCALES  17. MORNE SCALES  18. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  ELIZABETH SCALES 4256 BENNING RD. 2001  18. CAUSE OF DEATH (Enter only one course per line for 10), (b), ond icc.)  PART 1. DEATH WAS CAUSE BY:  IMMEDIATE CAUSE OF DEATH (Enter only one course per line for 10), (b), ond icc.)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CONTRIBUTION WAS PERFORMED  18. DATE OF OPERATION  19. CONDITION FOR WHICH OPERATION WAS PERFORMED  19. ACCORDING HOME CAUSE OR DEATH  19. CONDITION FOR WHICH OPERATION WAS PERFORMED  19. ACCORDING HOME CAUSE OR DEATH  19. CONDITION FOR WHICH OPERATION WAS PERFORMED  19. ACCORDING HOME CAUSE OR DEATH  19. CONDITION FOR WHICH OPERATION WAS PERFORMED  19. ACCORDING HOME CAUSE OR DEATH  19. CONDITION FOR WHICH OPERATION WAS PERFORMED  19. ACCORDING HOME CAUSE OR DEATH  19. CONDITION FOR WHICH OPERATION WAS PERFORMED  19. ACCORDING HOME CAUSE OR DEATH  19. CONDITION FOR WHICH OPERATION WAS PERFORMED  19. ACCORDING HOME CAUSE OR DEATH  19. ACCORDING HOME C	To. BIRTHPLACE (STATE)	OR FOREIGN 76. CITI	ZEN OF WHAT COUNTRY	2 0			9 BALTIMORE CITY C		OF DEATH	
THE CITY OR TOWN OF DEATH  BALTINORE  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  TONION' MEMORITAL PROPERTY TO THE PROPERTY OF		TNA	119				BALTIMOR	E CITY	Y	
138_STATE   138_COUNTY   136_COUNTY   136_	10 CITY OR TOWN OF D	EATH 11. NA	AME OF HOSPITAL, NURSI	ING HOME OR O	THER INSTIT		12ª USUAL OCCUPAT	ION	12b. KIND C	F BUSINE
SCALES   S	13a. STATE		13c_CITY OR TO	WN 13d						13
BUDDY  SCALES  MARTON  UAUGHN  ADDRESS  (145.000 EMARGORATE)  IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).  PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  1996 DATE OF OPERATION  1996 CONTRIBUTING  216 ACCIDENT WAS UNDERSTORD  216 ACCIDENT WAS UNDERSTORD  216 ACCIDENT WAS UNDERSTORD  216 ACCIDENT WAS UNDERSTORD  217 ACCIDENT WAS UNDERSTORD  218 TIME OF INJURY  OF CONTRIBUTION COURSED  WHITE NOT WHICH OPERATION  1997 DATE OF OPERATION  1998 D							\E			
No Conditions, if any, which gover rise to immediate cause (o)   Due to, or as a consequence of condition for which operation   198 CONDITION FOR WHICH OPERATION WAS PERFORMED   200 AUTOPSY?   200 AU		WIDDLE					MIDDLE	UALI		ST.
Real Conditions, if any, which gove rise to immediate cause lost   Due to, or as a consequence of couse of immediate cause lost   Due to, or as a consequence of couse of immediate cause lost   Due to, or as a consequence of lost   Due to, or as a consequence of couse of immediate cause lost   Due to, or as a consequence of lost   Du		ER IN U.S. ARMED FC		URITY NO. 17			ADDR		OHIN	
PART I. DEATH WAS CAUSE OB:  IMMEDIATE CAUSE (b).  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse ioi, stoting the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  I(c).  DUE TO, OR AS A CONSEQUENCE OF  I(d).  DUE TO, OR AS A CONSEQUENCE OF  I(e).  DUE TO, OR AS A CONSEQUENCE OF  I(d).  DUE TO, OR AS A CONSEQUENCE OF  I(e).  DUE TO, OR AS A CONSEQUENCE OF  INCERTIFYING CAUSES OF DEATH  INCERTIFYING CAUSES OF		(IF YES, GIVE WAR OR	DATES)	EI	LIZABE	TH SCA	LES 4256 1	BENNIN		2001
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse joi, stating the underlying couse lost.    DUE TO, OR AS A CONSEQUENCE OF			ouse per line for (o), (b), o	ind (c).)					BETWEEN	MATE INTER
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSES OF DEATH (190 Efficien Notify moderal examinal)  210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (190 Efficien Notify moderal examinal)  211 LOCATION 212 I LOCATION 213 LOCATION 214 HOME STREET FACTORY OFFICE FARM ETC.  215 LOCATION 216 LOCATION 217 LOCATION 217 LOCATION 218 LOCATION 219 LOCATION 210 LOCATION 210 LOCATION 210 LOCATION 211 LOCATION 212 LOCATION 213 LOCATION 214 LOCATION 215 LOCATION 216 LOCATION 217 LOCATION 217 LOCATION 218 LOCATION 219 LOCATION 219 LOCATION 210 LOCATION 210 LOCATION 210 LOCATION 211 LOCATION 212 LOCATION 213 BURIAL, CREMATION, REMOVAL 23B DATE  213 BURIAL, CREMATION, REMOVAL 23B DATE  214 LOCATION 215 LOCATION 216 LOCATION 217 LOCATION 217 LOCATION 218 LOCATION 219 LOCATION 218 LOCATION 219 LOCATION 219 LOCATION 219 LOCATION 210 LOCATION 210 LOCATION 210 LOCATION 210 LOCATION 211 LOCATION 211 LOCATION 212 LOCATION 213 BURIAL, CREMATION, REMOVAL 23B DATE 213 BURIAL, CREMATION, REMOVAL 23B DATE 214 LOCATION 215 LOCATION 216 LOCATION 217 LOCATION 218 LOCATION 218 LOCATION 219 LOCATION 218 LOCATION 219 LOCATION	PART I. DE ATH		Carli.	in a	nos					
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER INDIFFYMEDICAL EXAMINER)  P.M.  19  21d INJURY OCCURRED  WHILE AT WORK  INDITION  27a I certify that (I (this hospital) oftended the degeosed from obove, (I) (we) (did) (did not view theybody offer death.)  DEGREE  27a Terminer  27a I certify that (II) (this hospital) oftended the degeosed from obove, (I) (we) (did) (did not view theybody offer death.)  DEGREE  27a Terminer  27a Degree  27a Deg		OITH CAIT COITE	10113 CONTRIBUTION	Z DEATH BOT ING	, KELAILD I	J THE TERMI	THAT DISEASE ON COIL	DITION	Els Har Mit 10	U
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  21e PLACE OF INJURY  (AI HOME STREEL FACTORY OFFICE, FARM. EIC.)  22d I certify that (I(this haspital) otherded the degeosed from obove, (I) (we) (did) (did not) view theybody offer death.  DEGREE  22d PHYSICIAN'S NAME (IVPE OR PRINT)  ROBERT S. TANO, M.D.  23d. BURIAL, CREMATION, REMOVAL 23b. DATE  23d. NAME OF CEMETERY OR CREMATORY  23d. NAME OF CEMETERY OR CREMATORY  23d. LOCATION  COUNTY S  COUNTY S  23d. LOCATION  CITY OR TOWN  COUNTY S  23d. LOCATION  CITY OR TOWN  COUNTY S  23d. LOCATION  CITY OR TOWN  COUNTY S  COUNTY S  23d. LOCATION  CITY OR TOWN  COUNTY S  CO	190 DATE OF OPER	RATION 196	CONDITION FOR WHIC	h operation w	AS PERFORM	1ED		IN CERTIF	YING CAUSES	OF DEAT
220. I certify that (I (this hospital) oftended the degeosed from 19 to 8 27 19 that (II (sow the deceosed alive on obove, (I) (we) [did) (did not view therbody after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (1YPE OR PRINT)  220. DATE SIGNED  WINTON MEMORIAL HOSPITAL  230. BURIAL, CREMATION, REMOVAL 23b. DATE  230. BURIAL, CREMATION, REMOVAL 23b. DATE  231. NAME OF CEMETERY OR CREMATORY  232. NAME OF CEMETERY OR CREMATORY  233. DATE SIGNED  234. LOCATION CITY OR TOWN COUNTY S	190 DATE OF OPER						YES NO	IN CERTIF	YING CAUSES	
22a I certify that (I (this hospital) oftended the degeosed from 19 to 8 27 19 that (II (sow the deceased alive an obove, (I) (we) (did) (did not view the body offer death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (1YPE OR PRINT)  22a ADDRESS  ROBERT S. TANO, M.D.  UNION MEMORIAL HOSPITAL  23a BURIAL, CREMATION, REMOVAL 23b DATE  23a NAME OF CEMETERY OR CREMATORY  23d LOCATION CITY OR TOWN COUNTY S	00.00.000.00.00.00	UNDERLYING 216	b. TIME OF INJURY	21			YES NO	IN CERTIF	YING CAUSES	OF DEAT
22a I certify that (I (this hospital) obtended the degeosed from 19 to 8 27 19 8 that (I) sow the deceased alive on 5 27 to 19 8 y and that in (my) (au) opinion death occurred on the date and hour and from the causes starting obove, (I) (we) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	00.00.000.00.00.00	UNDERLYING 2116 CAUSE OF DEATH EDICAL EXAMINER)	b. TIME OF INJURY IOUR A.M. MONTH [ P.M.	DAY YEAR	c HOW INJU	RY OCCURRI	YES NO	IN CERTIF	YING CAUSES	OF DEAT
sow the deceosed olive on Start 19 8 9 ond that in (my) Out opinion death occurred on the date and hou and from the causes start obove, (I) (we) (did) (did not view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PH	OR CONTRIBUTING  (IF EITHER NOTIFY M  214 INJURY OCCU	UNDERLYING 216  CAUSE OF DEATH EDICAL EXAMINER)  216	D. TIME OF INJURY  OUR A.M. MONTH [ P.M.  P.PLACE OF INJURY	DAY YEAR 19 211	I. HOW INJU	RY OCCURRI	YES NO	IN CERTIF YE	YING CAUSES S ART ( OR PART 2)	OF DEAT
DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR PHY	OR CONTRIBUTING  (IF EITHER NOTIFY M  216 INJURY OCCU  WHILE NOT  AT WORK	UNDERLYING 21b CAUSE OF DEATH EDICAL EXAMINER) JRRED 21e WHILE [A1	B. TIME OF INJURY  OUR A.M. MONTH [ P.M.  P.PLACE OF INJURY  I HOME STREET, FACTORY OFFICE	DAY YEAR 19 211	I. HOW INJU	RY OCCURRI	YES NO	IN CERTIF YE	YING CAUSES  S ART LOR PART ?)  COUNTY	NO [
ATTENDING MEDICAL STAFF 8/27/5  272d. PHYSICIAN'S NAME (TYPE OR PRINT)  ROBERT S. TANO, M.D.  UNION MEMORIAL HOSPITAL  230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN  COUNTY S.	OR CONTRIBUTING  (# EITHER, NOTIFY M  21d INJURY OCCU  WHILE AT WORK NOT  22a I certify that  sow the dece	UNDERLYING 216  CAUSE OF DEATH EDICAL EXAMINER)  JRRED 216  (Al WHILE [ [Al WOORK ]]  (I [this hospital) ofto osed olive on	D. TIME OF INJURY OUR A.M. MONTH [ P.M. P.PLACE OF INJURY HOME STREET, FACTORY OFFICE ended the degreesed from	DAY YEAR 19 211	LOCATION STREET	RY OCCURRI	YES NO	IN CERTIF YE: RY IN ITEM 18 P	YING CAUSES S ART   OR PART ?) COUNTY	OF DEAT
ROBERT S. TANO, M.D.  UNION MEMORIAL HOSPITAL  230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF IOWN COUNTY S	OR CONTRIBUTING  (# EITHER NOTEY M  21d INJURY OCCU  WHITE  AT WORK  22a I certify that  sow the dece obove, (If (we obove, (If (we)	UNDERLYING 216  CAUSE OF DEATH EDICAL EXAMINER)  JRRED 216  (Al WHILE [ [Al WOORK ]]  (I [this hospital) ofto osed olive on	D. TIME OF INJURY OUR A.M. MONTH [ P.M. P.PLACE OF INJURY HOME STREET, FACTORY OFFICE ended the degreesed from	DAY YEAR 19 211 FARM.EIC) 211	LOCATION STREET	RY OCCURRI	YES NO	IN CERTIF YE: RY IN ITEM 18 P	YING CAUSES  S	of DEAT NO [
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY S	OR CONTRIBUTING  (#EITHER NOTHEY M  21d INJURY OCCU  WHILE  AT WORK  AT WORK  Sow the dece obove, (1) (we	UNDERLYING 216  CAUSE OF DEATH EDICAL EXAMINER)  JRRED 216  (AI  (AI  (I (this hospital) ofto osed olive on )  (I (did) (did not view to )	D. TIME OF INJURY OUR A.M. MONTH [ P.M. P.PLACE OF INJURY HOME STREET, FACTORY OFFICE ended the degreesed from	DAY YEAR 19 211 8/26 89 ond th	LOCATION STREET  THE COMMENT OF THE	RY OCCURRI	YES NO CED (ENTER NATURE OF INJUITED OF THE NATURE OF INJUITED OF	IN CERTIFYE	YING CAUSES  S	of DEAT NO [
LIPECIED CITY OR TOWN COUNTY 5	OR CONTRIBUTING  (# EITHER NOTHEY M  21d INJURY OCCU  WHILE  AT WORK AT  22d I certify that  sow the dece obove, (1) (we	UNDERLYING 216  CAUSE OF DEATH EDICAL EXAMINER)  JRRED 216  WHITE (AI WORK (AI ) (did) (did not) view to  NAME (TYPE OR PRINT)	D. TIME OF INJURY OUR A.M. MONTH [ P.M. P.PLACE OF INJURY HOME SIREE!, FACTORY OFFICE ended the degeosed from 19 the/body offer death.	DAY YEAR 19 211 8/26 89 ond th	LOCATION STREET  ATT  ADDRESS	RY OCCURRI	YES NO CITY ON TO	IN CERTIFYE	YING CAUSES  S	of DEAT NO [
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24. FUNERAL DIRECTOR 256. DATE RECIDION TO BE RECID	OR CONTRIBUTING (# EITHER NOTHEY M 21d INJURY OCCU  WHITE NOTHEY M 22d I certify that sow the dece above, (I) (we  22d PHYSICIAN'S  ROBERT  23a. BURIAL, CREMATIO	UNDERLYING 216  CAUSE OF DEATH EDICAL EXAMINER)  JRRED 21e WHILE (AT WORK (IT PE OR PRINT)  NAME (TYPE OR PRINT)  S. TANO,  N, REMOVAL 236.	DATE 230.  TIME OF INJURY OUR A.M. MONTH IN P.M.  P.P.A.  P.P.	DAY YEAR 19 211 6 / 26 6 / 26 6 / 26 7 / 20 10 10 10 10 10 10 10 10 10 10 10 10 10	LOCATION STREET  DOT IN (MY) G  FREE  ATTI PH  ADDRESS  UNION	RY OCCURRI 19 Proion d  ENDING YSICIAN  MEM	YES NO CED (ENIER NATURE OF INJUSED)  CITY OF TO  CITY OF TO  CITY OF TO  CITY OF TO  MEDICAL STA  DIRECTOR PHYSIK  ORIAL HOSP  1234 LOCATION	IN CERTIFYE	YING CAUSES  COUNTY  COUNTY  COUNTY  COUNTY  22C DATE	of DEAT NO [
	OR CONTRIBUTING  (# EITHER NOTHEY M  21d INJURY OCCU  WHILE  AT WORK AT  22d I certify that  sow the dece obove, (1) (we	UNDERLYING 216  CAUSE OF DEATH EDICAL EXAMINER)  JRRED 216  WHITE (AI WORK (AI ) (did) (did not) view to  NAME (TYPE OR PRINT)	D. TIME OF INJURY OUR A.M. MONTH [ P.M. P.PLACE OF INJURY HOME SIREE!, FACTORY OFFICE ended the degeosed from 19 the/body offer death.	DAY YEAR 19 211 8/26 89 ond th	LOCATION STREET  ATT  ADDRESS	RY OCCURRI	YES NO CITY ON TO	IN CERTIFYE	YING CAUSES  S	that (l)

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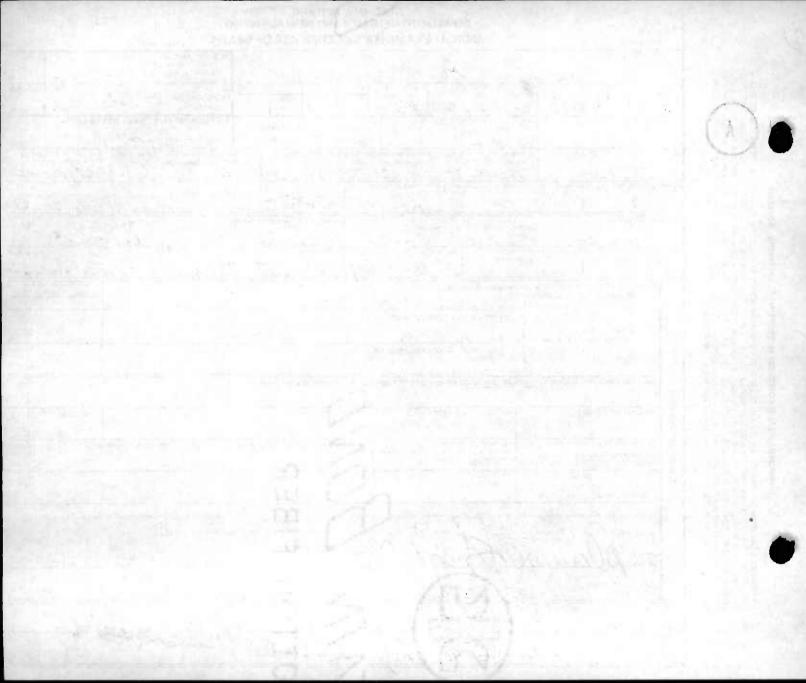


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DHMH (VR A15 ME (5)) 20M 4/B2

FLES FLES HOURS STREET,

1		FOR		DEPA	STATENT OF	TE OF MA		HYGEN	E 2.	1 /	<i>i i</i>	
		STATE REGISTRAR		MEDICA	LEXAMIN	ER'S CE	RTIFICATE	OF DEA	TH REG.	NO.		
		EASED NAME	FIRST	WIDDI		LAS	T		20. DATE KNOWN OF ESTI-	нтиом ХХ	DAY YEAR	7b. HOUR
9			Eurith	M		Scarbo	rough		DEATH MATED	0 1	0 19 84	м
	3. SEX	4. RA		TE OF BIRTH	6 AGE (IN YE		R 1 YR. IF UND	ER 24 HRS	2c DATE PRONOUNCED	MONTH	DAY YEAR	10:00
4	-	male Try	hete 10	-28 - 1900	83 Y		DATS HOURS		DEAD	8-1	17	P. M
5 1	To BIF	RTHPLAGE (STATE OR	7b. (	CITIZEN OF WHAT CO	DUNTRY?	MARRIED	☐ NEVER MAI	RRIED 🗌	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	
2	)	ml.		U.S.A.		WIDOWED			Baltimor			MD.
0	10 CT	TY OR TOWN OF DE		NAME OF HOSPITAL,		OR OTHER	INSTITUTION	12a USU	JAL OCCUPATION (	TYPE OF WORK	OR INDUST	
		Baltimore		1126 W. Loi			21223	?	Housew	fe	at h	ma
5	13a S1		13b COUNTY	ER INSTITUTION, GIVE RESIDE	ENCE BEFORE ADMISSING	134	I. INSIDE CITY LIMITS		EET ADDRESS	March	J. 2	1223
0	14. FA	THER'S NAME	MIC	DDLE	of the same	15	MOTHER'S MA	IDEN NAME	WIDDLE	Pio	molds.	
	16a. W	AS DECEMBED EVE	IN U.S. ARMED	FORCES? 16b.	SOCIAL SECURIT	Y NO.	PEORMANT		ADDR	ESS O	/	721225
	(16	No	(IF YES, GIVE WAR C	OL)	- 16- 9.	309	Then zer	et à	aughon	- 1126	W. Lo	band St
	TION		ony, which immediate g the <u>under</u>	AUSE (O) Arter  OUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  18UTING TO DEATH BUT NOT	ONSEQUENCE (	OF OF LINAL DISEASE OR	CONDITION GIVEN IN		Disease			
2	FICA	19a. DATE OF OPER	ATION	196 CONDITION FO	OR WHICH OPER	AI ION WAS	PERFORMED?				20 AUTOPSY	
3	EDICAL CERTIFICATION	210 EXTERNAL CAL UNDERLYING CONTRIBUTING	OR CAUSE OF DEAT	21b. TIME OF INJUR HOUR A.M. MON H P.M.			' INJURY OCCUR	RED (ENTER )	NATURE OF INJURY IN ITEM	IS PART TOR PART	YES 2)	мо <b>ХХ</b>
	MEDI	21d. INJURY OCCUI WHILE NO AT WORK AT V		21e PLACE OF INJU STREET, FACTORY, FAR		211 LOCA STREE			CITY OR TOWN	COUN	ιτγ	STATE
2	9	220. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	n: Natural co	May 1			Inspect Hamicide Assistan	nt MED	Inquiry XX ermined monner  KAL EXAMINER  Street	and in my opin ], DATE SIGNED	0_11_	84
	E	JRIAL, CREMATION,	REMOVAL 23b D	14/84 E	M NAME OF CEA	-1 -	en.	6	Salto.	COUNT	he!	ATE
	JA. FL	INERAL DIRECTOR	er i So	ADDRESS &	I Hall	213 A	ug 134	1994	REGISTING 7 R	Change	ATUVE	



20M 4/82

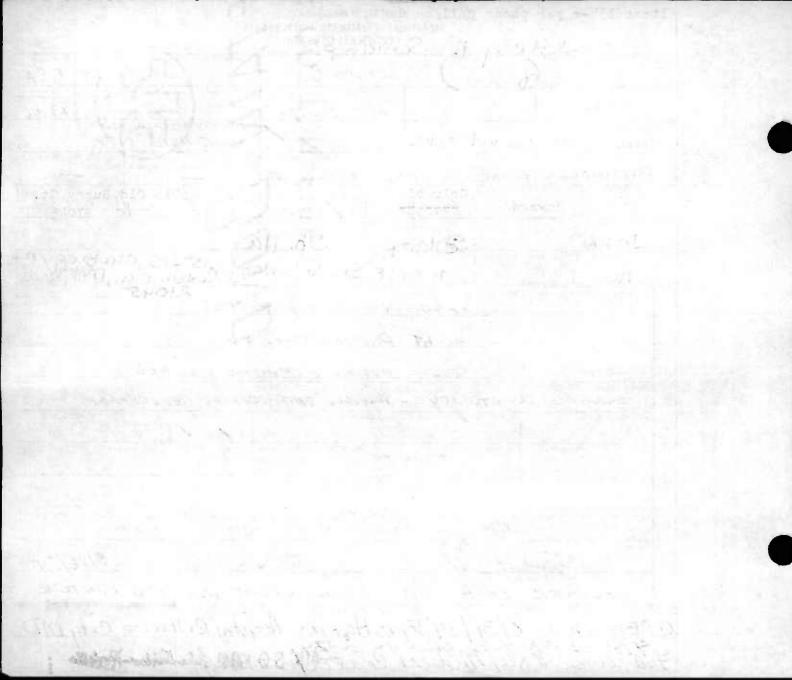
Non-Republic Committee of the Committee THE PROPERTY OF THE PARTY OF TH THE SAME AS A SECRETARY WAS A SECRETARY OF THE SAME AS A SECRETARY OF THE S TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the future should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed — in in 7 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

poge 3

1	It	tems 13b-e per p			2 1	151
	1 -	FOR STATE REGISTRAR	DEPARTMEN	IT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH		
	I. DE	CEASED NAME FIRST	WIDDLE	namp	REG. NO.  20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		Balon Bay	Shula) -	SCHLAMP	08	26 84 1:10 AM
X.	3. SE	MALE OF	RACE 5	DATE OF BIRTH MONTH DAY YEAR 08 25 84	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
36	7a. BI	CHNTPVI		MARRIED NEVER MARRIED	BALTIMORECITY OR COU	NTY OF DEATH
3/		TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDI RANCES SCOTT K	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR
94.55	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OR OTH STATE IST COUNTY HOWET	HER INSTITUTION GIVE RESTRENCE RECORE AD	MISSION)  13d. INSIDE CITY LIMITS?  YES NO	13e STREET ADDRES 715	Old Buggy Ct,
30	14 FA	ATHER'S NAME FIRST MIDD	DLE LAST	15. MOTHER'S MAIDEN NAM	ME MIDDLE	LAST
medicol e	16a V	VAS DECEASED EVER IN U.S. ARMEI		no. 17 INFORMANT Sherla Schl	amp STIS	Old Birry O
event, the		18 CAUSE OF DEATH Enter only of PART 1. DEATH WAS CAUSED B	one cause per line for (o), (b), and (c)		erest 2101	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
njury, ar other trauma	NOI		DUE TO, OR AS A CONSEQUENCE  (c) SEVERE  NOTITIONS CONTRIBUTING TO DEA	PNEUMO THOR	PANE DISEAS	
ows ony	IFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OP		20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
de la sh	CAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	ED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2]
rkedear	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	ETC.] 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
em 21 is mo		220.1 certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did) (did not) vi 22b. SIGNATURE	8/26 19 84	. ond that in (my) (our) opinion d	, to 8/2-6 depth occurred on the date and	nor and from the couses stated
ž		Sul	relief of	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/26/84
MPORTANI				27.e ADDRESS  FAMUL'S SC	OTT KEY ME	D. CENTER
\$	230. B	BURIAL, CREMATION, REMOVAL	8/3//84/ Toh	NE OF CEMETERY OR CREMATORY	ME LOCATION	COUNTY
- 2	home	M-MINIOU I	0/0/10/1001	13 May INO MO	PHAIR FULLIN	ore cety MD.



	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYON
STATE	CERTIFICATE OF DEATH
REGISTRAR	CEKTIFICATE OF DEATH

REG. NO.

	CEASED NAME	FIRST	WIDDLE	į.	AST		20 DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
(TYP)	OR PRINT)	ANDR	EW J.	SCHLEI	UPNER			8	0 824	10 A .
3. SE	X	4	RACE	5 DATE C		- 1	& AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
	M	5	W	MONTH		O7	77	YRS	AONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE (	OR FOREIGN 7	& CITIZEN OF WHAT C	OUNTRY?	NEVER MARI	RIED [	BALTIMORE CITY O	R COUNTY		
I	IARYLAND		U.S.A.	WIDOWE	DIVOR	CED 🗌		MORE		TYME
10. C	ITY OR TOWN OF D		1. NAME OF HOSPITA		R OTHER INSTITUT	ION	120 USUAL OCCUPATI			F BUSINESS OR
	3ALTIMO	RE	SIMAI	HOSPITA		- 1	POLICEMA	N.	CITY	OF BALTO
	AL RESIDENCE (IF N	IST COUNT		PENCE BEFORE ADMISSION) Y OR TOWN	13d. INSIDE CITY L	IAAITS2	13e STREET ADDRESS	/ 7IP CODE		
	ARYLAND			LTIMORE	_		1637 WILK			21223
14. F/	ATHER'S NAME		IDDLE	LAST	15. MOTHER'S MA		E		LASI	
	ANDREW	.T.		EUPNER	MAE		MIDDLE		SCHATZ	1
	WAS DECEASED EV		NED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT		ADDR	SS		
(	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	2-05-9039	MARY C.	SCHL	EUPNER 163	7 WILK	ENS AVE	21223
	18 CAUSE OF DE	ATH (Enter only	y one couse per line for t	a), (b), and (c)					BETWEEN	MATE INTERVAL
	PART I. DEATH	WAS CAUSED		1RDIOPUL	MONARY	1 1	arkest			11 ° /
		Trevico III I	DUE TO, OR AS A C	ONSEQUENCE OF						_
	Conditions, if a	nv. which	( b) MC	TASTATIC	CAR	2CIND!	MA OF B	LADDE	A	
	gave rise to i	mmediate	)							
	underlying cau	4	DUE TO, OR AS A C	ONSEQUENCE OF						
	PART 2 OTHER ST	GNIFICANT CO	ONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIV	EN IN PART LIG	
Z	Pour	Lins	10.							
CERTIFICATION	190 DATE OF OPER		P1 000	R WHICH OPERATION	N WAS PERFORME	D	20e AUTOPSY?		, WERE FINDIN	
IFIC	_			-			YES TI NOT	IN CERTIF	YING CAUSES	OF DEATH?
ERT	71g. ACCIDENT WAS I	JNDERLYING	216. TIME OF INJURY	Υ	21c HOW INJURY	Y OCCURRE				110
	OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.M. MC	ONTH DAY YEAR	_	_	12.112.11.11.11.11.11.11.11.11.11.11.11.			
MEDICAL	(IF EITHER NOTIFY M		P.M.	19	ZII. LOCATION					
ME		WHILE	(AT HOME STREET FACTO		STREET		CITY OF TO	WN	COUNTY	STATE
1	AT WORK AT	WORK L		01		014	0 /	15		
		(I) (this hospite ased alive on	ol) ottended the deceas	011-1	nd that in the law	9 S M	eath accurred on the d	to and how	19 A	that (I) <del>(well led</del>
	abave, (1) (we		view the body after de	oth.		) ориноп ас	earn accurred on the a	are and nou		
	226 SIGNATURE	<1	0	1 1.10	DEGREE	NDING	MEDICAL STA	E F	27c DATE 1	I COLE
		1-	Ampmer	zange	PHYS		DIRECTOR   PHYSIC		8//	184
	774 PHYSICIAN'S	NAME (TYPE OR	PRINT)	Q	22e ADDRESS	SIMM	1 HOSPI	7 A1	RA	170
		100	0112						. 11	
	BHUPI	NDER	SINGH			- 1747	II IIOSPI	(710	77	
			SINCH 23b DATE	23t NAME OF C	EMETERY OR CREA	AATORY	23d LOCATION CITY OF LOWN	(//-	COUNTY	STATE.

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. morked or Item 18 shows ony

(VRA 15, 4)

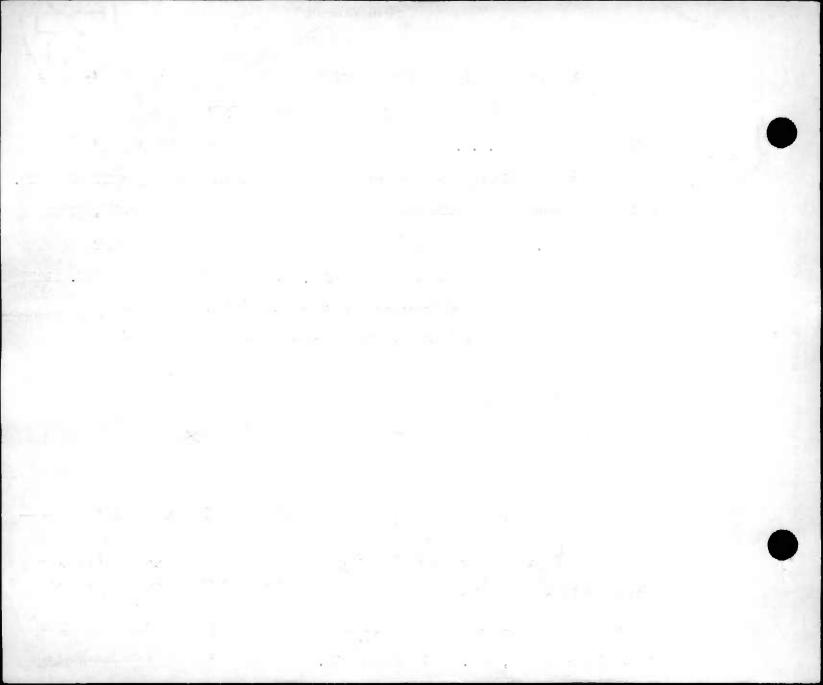
IMPORTANT: If Item 21 is

MARYLAND

NEW CATHEDRAL

74 FUNERAL DIRECTOR 21229
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

250. Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 13 1984 Fulia Davidson Pander



certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death retained by the hospital or attending physician.

10		FOR STATE REGISTRAR		CERTIFI	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		59
		CEASED NAME FIRST OR PRINT)  John	Christopher		hmidt		08 17	84 7:25a
1	3 SE)		4. RACE White	S DATE O		6. AGE (IN YEARS LAST BIRT	MON!	NDER I YEAR IF UNDER 24 HR
35		RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OI Baltin		
10	10 CI	Baltimo ne	11. NAME OF HOSPITAL, NURSING	G HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPATE PIPE OF WORK FOR MOST OF PRESS LEAD	WORKINGSEE	Dison Walker
30		AL RESIDENCE (IF NURSING HOME) STATE  anyland  Anni	or other institution, give residence before UNITY 13 FITY OR JOWN E Arunde 13 FITY OR JOWN E Arunde 15 FITY OR JOWN	N I	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / 7974 (ather	ZIP CODE	enue 2112
	14 FA	THER'S NAME Lewis	Schmidt		15. MOTHER'S MAIDEN NAME Hazel	MIDDLE	Sc	zawinski
medico!	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECUI	9453	Mrs. Eva M.	Schmidt 797	idena, 1 14 (atr	Md. 21122 erine Avenu
itic event the		PART I. DEATH WAS CAUS	only ane cause per line for (a), (b), and SED BY:  ATE CAUSE (a) TO DE TO DE TO DE TO, OR AS A CONSEQUE	low	Arrest			APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEA
r other troums		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) walk  Due to, or as a conseque	CA	CA			
injury, o	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART Ira
	CAT	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	TON IE VEC W	ERE FINDINGS USED
Sws ony	正	The BATE OF GREAT				YES NO		G CAUSES OF DEATH?
em 18 shaws any	AL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	YES NOW	IN CERTIFYIN YES	G CAUSES OF DEATH?
rked or them 18 shaws any	MEDICAL CERTIFIE	21a. ACCIDENT WAS UNDERLYING	HOUR A.M. MONTH DA	19	216 HOW INJURY OCCURR	YES NOW	YES TEM IS PART I	G CAUSES OF DEATH?
n 21 is morked or them 18 shows any		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF ETHER NOTHY MEDICAL EXAMIN 21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK 22e L certify that (1) (this has saw the deceased olive a above (1) (ske) (did) (did)	HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA pital) attended the deceased from	ARM, ETC )	21f LOCATION STREET  19 83 and that in (my) (our) opinion (	YES NO NO NIURE OF INJUR	IN CERTIFÝIN YES [ YIN ITEM 18 PART I	G CAUSES OF DEATH? NO   ORPARI ?)  COUNTY STATE  than (1) we) d from the causes stated
: If hem 21 is morked or hem 1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (# ETHER NOTHY MEDICAL EXAMIN 21d IN JURY OCCURRED WHIE NOT WHIE AT WORK 1 WORK NOT WHIE AT WORK 22a Leertify that (I) (this has saw the decessed dive above (I) (be) (did) (did) 22b. SIGNATURE	PLANTING PLA	ARM, ETC )	21f LOCATION STREET  19  19  19  19  19  19  19  19  19  1	YES NO NO NIURE OF INJUR	IN CERTIFYIN YES  YIN ITEM (8 PART I	G CAUSES OF DEATH? NO ORPART ?)  COUNTY STATE
MPORTANT: If them 21 is morked or them 18 shows any	MEDICAL	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (# ETHER NOTHY MEDICAL EXAMIN 218 IN JURY OCCURRED  WHITE AT WORK AT WORK  272 Leverly that (1) (this has sow the deceosed alive of above (1) (the) (did) (did) 278. SIGNATURE  272 PHYSICIAN'S NAME (TYP)	HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA  pital) attended the deceased from 19 1001 view the body after death.  PLANTAGE OR PRINT)  OR PRINT)  OR PRINT)	19 ARM, ETC )	21f LOCATION STREET  19  19  19  19  19  DEGREE  ATTENDING	YES NO NOTION NO	IN CERTIFYIN YES  YIN ITEM (8 PART I	COUNTY STATE  CO

DHMH - 16 50M 4/83 (VRA 15, 4)

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Samenan				Ladia A
Soldier Commission Commission	Meson East Mil	164-61-	es I was	7.

John Tayery, E.u.

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requires that the death certificate be executed within 24 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

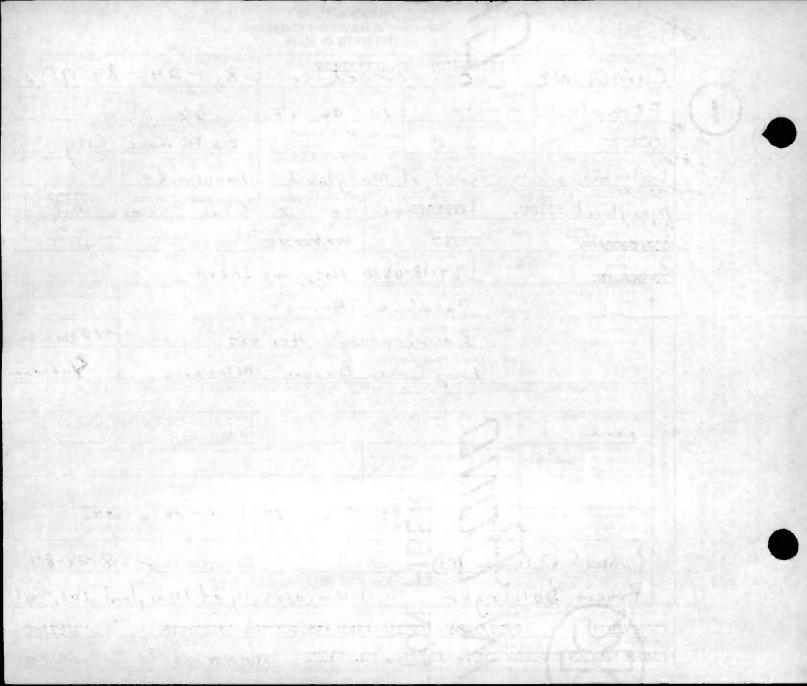
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

### STATE OF MARYLAND

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2		FOR		DEDAD	TMENT OF H	EALTH AND M	ENTAL AYGU	ENE Co	1		
0	1 -	STATE		DELAN		CATE OF DE					
	1 DEC	REGISTRAR CEASED NAME FIRST	AA IF	ODI F		151		REG. No.		DAY YEAR	26 HOUR
	CASE	HKIST INE	ELIZ	BETH		OEDLER		C	24 -	. 84	914
	0.000		1.0165	_	J. CATEO	-	21	6 AGE (IN YEARS LAST BIR	•	IF UNDER I YEAR	IF UNDER 24 HRS
1	3 SEX		4 RACE		5. DATE O	DAY	YEAR	AGE INTERESTASION		AONIHS DAYS	HOURS MIN.
1	-	-emale		2	10	06	17	66	YRS		
2		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WI	HAT COUNTR	MARRIED	NEVER MA	ARRIED -	9 BALTIMORE CITY O	R COUNTY	OFDEATH	
2	- 0	CHIGAN	W. 3	. 44	WIDOWE		ORCED 🗍	Dalti	mone		y MD.
75	100	TY OR TOWN OF DEATH		SPITAL, NURS		R OTHER INSTIT	TUTION	178 USUAL OCCUPATI			BUSINESS OR
0	2	atimore/	unive		of Ma	nylan	6	Housew	4.6		
21	U5UA 130 S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GI	CITY OR TO	ORE ADMISSION)	13d. INSIDE CIT	Y LIMITS?	13e STREET ADDRESS	ZIP CODE	2	1222
U	141	arylong BALL	ю.	DUNDAL	Kore		NO [X] ON	6711 D	unm	on le	Jay .
2	II, FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S	MAIDEN NAM	E MIDDLE		1.65	i and
20	KOOX	OCIO DO DE CONTRA		HOLT	ATT ATT	xxxxxx	EXXEXXEXX	A		HITCH	COCK
0		VAS DECEASED EVER IN U.S. AR	MED FORCES?	66 SOCIAL SE		17 INFORMAN	IT	ADDRE	SS		
1	XSLX	(IF YES, GIV	E WAR OR DATES	364-18	1-0630	Hosi	i tal	Sheet			
		18 CAUSE OF DEATH (Enter on	ly one cause per lis	ne for (a), (b),	ond (c   )					APPROX	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	D BY: E CAUSE (o)	Card	A	Ain	est				
		MACOIAI		AS A CONSEC	VIENCE OF						
		Conditions, if ony, which	( b)	1	inate	114	Arr	237		~10.	minite.
		gove rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEC		1				78	
		underlying couse lost.	100E 10, OK	was C	cre en	Drai	12 /	netaxas=	5	1	nkrow-
	96	PART 2 OTHER SIGNIFICANT C	ONDITIONS CON	TRIBUTING TO				NAL DISEASE OR CON	DITION GIV	EN IN PART 1	0
	N O		P. P. C.								
1	FICATION	190 DATE OF OPERATION	196 CONDITI	ON FOR WHIC	H OPERATION	WAS PERFOR	MED	20a AUTOPSY?		WERE FINDIN	
3/	F	sone						YES X NO		YING CAUSES	NO []
	CERTI	710. ACCIDENT WAS UNDERLYING			DAM WEAD	21c. HOW INJI	URY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART T OR PART 2)	
9		OR CONTRIBUTING CAUSE OF DEA	1111	. MONTH	DAY YEAR						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF	FINJURY		211. LOCATION	7	CITY OR TO	Sa/b/	COUNTY	STATE
3	×	WHILE AT WORK AT WORK	(AT HOME STREE	T, FACTORY, OFFIC	E, FARM ETC )	STREET		CITTORSO	WIN	CODIVIT	31411
		22a L certify that (I) (this haspi	tol) ottended the	deceosed from	8-	5	19 84	10 8 - 2	-4	19 84	that (I) (we) lost
2		sow the deceased alive on	8-24	19	S11.	d that in (my) (d	our) opinion d	eoth occurred on the d	ote and hour	and from the	causes stated
		221./SIGNATURE	I) view the body of	rter deoth.		DEGREE				22c DATE	SIGNED
	100	Cobert C.D.	1000	am		AT	TENDING HYSICIAN	MEDICAL STA		8-2	4-84
1		27d PHYSICIAN'S NAME TYPE O	R PRINT)	1150		22e ADDRESS	TISICIAN [	DIRECTOR E FITTSR	IAIVE	10	
5		Boles &	Ilima			14	1 1 1 1 1	4. at 1)	1 1	. 1 1	he it
-	73n B	SURIAL, CREMATION, REMOVAL	23b DATE	122	NAMEOEC	METERY OR CR	EMATORY	1234 LOCATION	10171	Duy' !	00/1701
	- (	SPECIFY)						CITY OR TOWN	DE	COUNTY	STATE TAYOUT
		REMATION  JNERAL DIRECTOR	8/27/19	984 G	REEN MO	DUNT CRE	250. DATE				ARYLAND
33		LIER BROOKS BRAI	OLEY TAY	DITAIN	ATK. MI	21222			20.	Dougland	
	" "	DIVIDE DIVI	James Tive	, DOLD	2 2 1 1 1			16 2 7 100/	CHILLY	/ VURUY down	-Nandalle



completely filled in by the funeral

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 4/83

(VRA 15, 4)

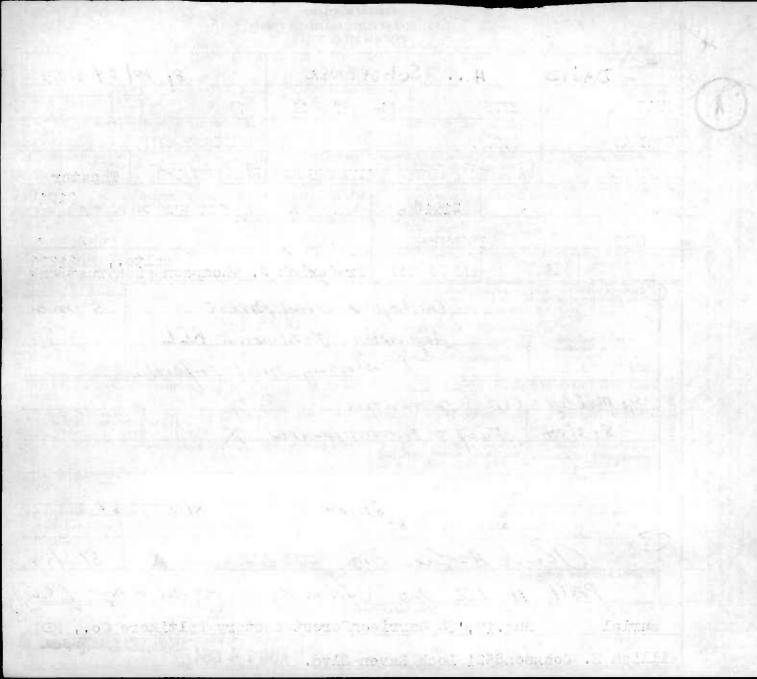
IMPORTANT; If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

#### STATE OF MARYLAND

DE

PARTMENT	OF HEA	LTH A	ND MI	ENTAL	HYGIENE
CFI	RTIFIC	ATE	OF DE	ATH	

1.	FOR - STATE REGISTRAR				EALTH AND MENTAL HYG		
I DE	CEASED NAME FIRST		MIDDLE		AST	REG. NO.  2a. DATE OF DEATH MONTH C	DAY, YEAR 26 HOUR
	DAVID		M So	1	ERNER	8/ 15	184 1:37p M
3. SE		4 RACE		DATEC			IF UNDER I YEAR IF UNDER 24 HRS
	ALE	WHITE		10-	27 13	70 YRS.	AONTHS DAYS HOURS MIN.
7m. BI	IRTHPLACE   STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
MI	CHIGAN	U.S.	A I	NIDOWE		BALTIMORE CITY	MD.
	ITY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
	LTIMORE		ICAL CENTE		LITIMORE MD	FILM OPERATOR	Theater
13a. S	AL RESIDENCE IN MURSING HOME OF STATE 131-COUN ARYLAND CEC	VIY	13c. CITY OR TOWN 21918	MISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE OLD FORT FARM RI	21918 CONOWINGO MD
14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAV	ME MIDDLE	LAST
	LOUIS	_	SCHOERNER		AGNES		NITCKODEMUS
16a. V	WAS DECEASED EVED IN HIS AD		16b. SOCIAL SECURI	IY NO.	17 INFORMANT	ADDRESS Balt	O. MD21203
7	YES OF UNKNOWN) IF YES ON	TY OR DATES)	216 54 05	51	Frederick	J. ThompsonUni	onTrustBank
7	IS CAUSE OF DEATH (Enter or	nly one couse per	line for (0), (b), and (	ci.i			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0)	Card	ion	ulmonary	Amest	5 min
			R AS A CONSEQUEN	CE OF		0	
	Conditions, if ony, which	( 16)	4	rast	for Rneum	roma RLL	
	gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUEN	CE OE			
	underlying couse lost	(c)_	1 7 7 CONSCOUNT	-	Wrinay Tr	act Intection	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CONDITION GIVE	EN IN PART TIO
CERTIFICATION	S/n Multipl	e CVA	, Dem	ent	561		
3	198 DATE OF OPERATION	196 COND	ITION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
E	8/3/84	Fa	ii - 6	asy	rostomy table		NO [
	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME O		YEAR	21c. HOW IN URY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18. P.	ART 1 OR PART 2)
₹ S	IN EITHER, NOTIFY MEDICAL EXAMINE	ATT .		19			
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	M ETC I	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
>	AT WORK NOT WHILE AT WORK	(At HOME, 311	CELL FACTORI, OFFICE, FAR	4, 610 }		0/	
	22e.1 certify that (1) (this hospi	tol) ottended, th	e deceosed from	8	11/84 19	to 8/10	19
	sow the deceased alive on above, (1) (we) (did) (did no	t) view the hody	ofter death	S.F. or	nd that in (my) (our) opinion o	death occurred on the date and hour	and from the couses stated
(	226 SIGNATURE	7 1			DEGREE	CARLETTENE	22c DATE SIGNED
	00	enl,	4- Lee	-11	PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	8/10/84
1	224 PHYSICIAN'S NAME ITYPE C	OR PRINT)			22e ADDRESS		
	PAUL	H. 1	LEE mi		Johns Hop	okins Hispatal -	Dept. of Suger
	BURIAL, CREMATION, REMOVAL	236. DATE	23c. NA	ME OF C	EMETERY OR CREMATORY	23d LOCATION	country of
	Burial	Aug. 1	7, 84 Ga:	rris	sonForestCen		re Co., MD
	UNERAL DIRECTOR	1 14 3	ADDRESS		25a DAT	E REC'D. BY REGISTRAR 250 REGIST	PAR'S SIGNATORE
Wi	lliam E. Joh	nson85	21 Loch	Rave	en Blvd. AU	G 1 4 1984 7	



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

any injury, or other troumotic event,

IMPORTANT: If Hem 21 is morked or He

#### CTATE OF MARYLAND

STATE OF MARTLAND								
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE					
CE	RTIFICATE	OF DEATH						

1-	FOR STATE REGISTRAR		ICATE OF DEATH	REG. NO	
	CEASED NAME FIRST	MIDDLE	AST	20 DATE OF DEATH	AONTH DAY YEAR 26 HOUR
(TYPE	Thomas	.G. Schwa	llenberg		8 26 84 12:25Am
3. SE	X 4.	RACE 5. DATE C		6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER TYEAR IF UNDER 24 HRS.
1	Male	Caucasian 4	8 /b	74	YRS.
	IRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
	MD	USA WIDOWE		Balti	more city mo
10 C	Baltimore	I NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, GIVE STREET ADDRESS)	e Gen Hosp.	Brush Make	WORKING LIFE) INDUSTRY / -
13a	AL RESIDENCE (IF NURSING HOME OR OT STATE 188. COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Y 13'. CAY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STRFFT ADDRESS /	ZIR CODE
1	nD. A.A		YES Y NON	926 Longvi	
14. FA	ATHER'S NAME FIRST MID	DDLE LAST ,	15. MOTHER'S MAIDEN NAM	AE MIDDLE	LAST
1	George	Schwalenberg	Mary		Curran
	WAS DECEASED EVER IN U.S. ARME	ED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRES	21225
· '	Yes WW	II 213-10-8733	Margaret Tho	mpson 5713	Redmond St Balto Md
	Conditions, if ony, which gove rise to immediate couse 10), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF  (b) Hepatic  DUE TO, OR AS A CONSEQUENCE OF  (c) ACCO ho	encephalop cirrhosis	est outhy	
z	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 110
CERTIFICATION	198 DATE OF OPERATION	1%, CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY2 YES NOW	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE
	220.1 certify that (I) (this haspital	Aug. 26 19 84 Journal of the body after death.	nd that in (my) (our) apinion o		te and hour and from the causes stated  27c DATE SIGNED
	Henry C. L	Slakeman y M	ATTENDING PHYSICIAN	MEDICAL STAF	
	Henry C. Blo	akeman Jr M.D.	3001 S.	Hanover S	st. Baltimore, Md.

New Cathedral Cem.

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DHMH - 16 50M 4/83 (VRA 15, 4)

23b DATE 8/29/84 Gonce 4001 Ritchie Hgwy Balto Md

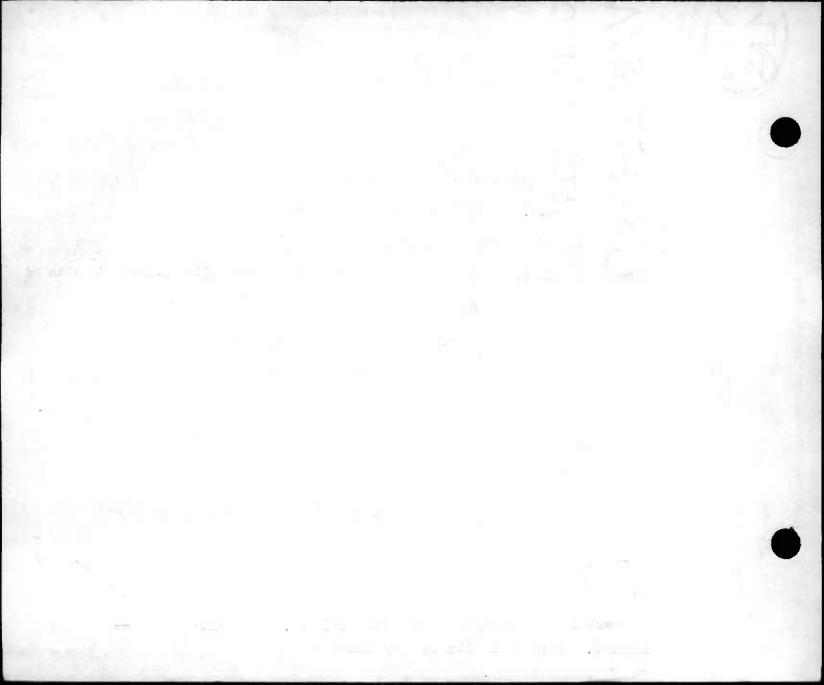
3001 S. Hanover St. Baltimore, Md.

TEMETERY OR CREMATORY
thedral Cem.

23d LOCATION
CITY OR TOWN
Balto

COUNTY
Md

-Randell



# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10.			
20. DATE OF DEATH	HINOM	DAY	YEAR	26 HOUR
	8	31	84	9:50
AGE INVENDSTANTA	PTHDAY	IF UN	DERTYFAR	IF UNDER 24

1. DECEASED NAME	FIRST		MIDDLE		LAST		2a. DATE OF	DEATH	MONTH	DAY	YEAR	26 HOL	JR
(TYPE OR PRINT)	RVING	СН	RISTOPHER	SC	HYAN				8	31	84	9:5	
3. SEX	4	RACE		5. DATE			6. AGE (INY	EARS LAST BIRT	HDAY	MONTH	DER TYEAR	IF UNDER	MIN.
M		W		9	H 3	1914	69		YRS			HOURS	MAIN.
70. BIRTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 AAADDIG	K NEVE	R MARRIED	9 BALTIMO	RE CITY O	R COUN	TY OF D	EATH		
Baltimore		U.S.	.A.	WIDOW		DIVORCED	Ва	1timo:	re C				MD.
Baltimore	ATH 1	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A Agnes Hos	ADDRESS)		NSTITUTION		OCCUPATK ex for most of tenan	F WORKING		of M		
USUAL RESIDENCE (IF NURS	13b. COUNT		GIVE RESIDENCE BEFORE			E CITY LIMITS?	13e STREET	ADDRESS	/ 7ID CO	DF.			
Maryland	130. COOI41		Baltimor		YES T	NO []	4114				d 2	1229	
14 FATHER'S NAME FIRST Edward	MI	DDLE	Schyan			R'S MAIDEN NA FIRST Kate		WIDDLE			licke	nrot	h
160 WAS DECEASED EVER		ED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFOR	MANT		ADDRE	SS				
(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES]	217-05-	2941	Viola	C. Sch	yan 4	114 G	len :	Hunt			229
18 CAUSE OF DEAT	H (Enter only	one couse per	line for 10), (b), onc	d ics.)		- 18/12					BETWEEN	IMATE INTE	RVAL DEATH
PART I. DEATH W	IMMEDIATE		Respu	route	m	curre	8+			- 1	2	ed	are
Conditions, if any gave rise to immodule (a), static underlying cause	mediate ng the lost.	(b) DUE TO, OI (c)	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO E	NCE OF		PCIN UN			DITION (	GIVEN IN	(PART 1)	yr:	5
190 DATE OF OPERA  210 ACCIDENT WAS UN	TION	196 CONDI	ITION FOR WHICH		N WAS PER		20a AUTO		IN CER	TIFYING	RE FINDIF	OF DEA	TH?
= 0/24/3	1	100	eedun	3 8			YES	NOX		YES		NO [	
	CAUSE OF DEATH		M. MONTH DA			INJURY OCCUR	RED (ENTER NA	ATURE OF INJUR	IN ITEM I	8 PART 1 C	R PART 2)		
OR CONTRIBUTING LI		P., 21e. PLACE		19	211 LOCA	TION				-			-
WHILE NOT W	HILE []		REET, FACTORY, OFFICE, F	ARM, ETC )		EET		CITY OR TO	WN	C	OUNTY		STATE
22a. I certify that (I) saw the deceas above, (I) (we) (	ed olive on_	8/	131 195	34.5	nd that in (n	ny) (our) opinion	deoth occurre	ed on the do	/31 ote and h	19_d		that (I) (	
22b. SIGNATURE	Ba	nce	and		DEGREE	ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAF		1	S/-	SIGNED	84
220. PHYSICIAN'S N			MD		90 ADDE		on Ac	16, P.	DAL	TIMO	PRE	21	229
23a BURIAL, CREMATION			23c N	NAME OF (	CEMETERY C	R CREMATORY	23d LOCA	ATION			ALT W		51A76

TO FUNERAL DIRECTOR.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar ottending physician. njury, or other troumotic event, th

should be detached for use as the burial-transit permit. Then please remaye carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal. After this certificate has been

MPORIANT: If them 21 is marked ar them 18 sha

DHMH - 16 50M 4/83 (VRA 15, 4)

9/4/84 Burial

FOR - STATE

REGISTRAR

Lorraine Park Cem.

Wood lawn

Baltimore Md.

Hubbard Funeral Home, Inc. 4707 Wilkens Ave.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
SFP 4 1984 Julia Davidson-Randere

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went 110 Grop From Rd. Front	nok Diploit	December 2		
	a Marines	er angeren. Transcario		
×	2			3.74 A.7
What are entano with his			D. 14	
All company professions.	, u u	Land Contract		Manife Manife
State of the State				me kinoguli

injury, or other troumotic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Item 21 is marked or Item 18 shows ony

FOR

### STATE OF MARYLAND DEPARTMENT OF HEA

LTH	AND	MENTAL	HYGIENE	cus	c.
ATE	OF	DEATH			PEG N

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT) Annie	Bell	Scott	08	11 84 6:45Am
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
Female	Black	02 26 02 YEAR	82 yr	MONTHS DATS HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	9. BALTIMORE CITY OR COU	
U.S.A.	U.S.A.	MARRIED NEVER MARRIED !	Baltimore	City. MD.
ID CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
Baltimore	Mt. Vernon C		(TYPE OF WORK FOR MOST OF WORKIN	NG LIFE) INDUSTRY
USUAL RESIDENCE 1# NURSING HOME O 13a. STATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BE	OWN 13d. INSIDE CITY LIMITS	13e STREET ADDRESS / ZIP C 1202 Druid Hi	
Md 14. FATHER'S NAME	Datei	ore YES NO D		II Avenue ZIZI
FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SI		ADDRESS	
Unknown	230-32	2-1504 Annelean	Johnson 1202	Druidhill Ave.
	DUE TO, OR AS A CONSE	OUENCE OF LVA.	rminal disease or condition	GIVEN IN PART 110
19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CHIEF ETHER, NOTIFY MEDICAL EXAMINE THE CONTRIBUTION OF COURRED AT WORK AT WORK	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM	
sow the deceased alive or	att Syer	DEGREE ATTENDING PHYSICIAN	on death occurred on the date and  MEDICAL STAFF LU DIRECTOR PHYSICIAN	hour and from the causes stated  22c. DATE SIGNED
18HOK K	CHATTEN:	166		
230 BURIAL, CREMATION, REMOVAL (SPECIFY Burial	23b. DATE 8/15/84	Mt. Zion Cem.	y 23d LOCATION Baltimore	COUNTY

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm. C. March F/H 1101 E. North Ave. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 1 4 1984 Julia Savidson-Randole

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after a retained by the haspital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fe should be detached for use as the buriol-transit permit. Then please remave carbonpapers. Pages fond 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval.
	0 5	Sho

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	0.	65	
	CEASED NAME FIRST	MID	DDLE	17	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
11176	Cliff			Scot	- +-	August	29	1984	M
3. SEX		4. RACE	T	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BE	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Blaci	k	MONTH	on rem	68	YRS	MONTHS DAYS	HOURS MIN,
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WE		0	X KNEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
-	orgia	U.S.A	1000	WIDOWE		Baltimo	re Ci	tv.	MD.
	TY OR TOWN OF DEATH	11. NAME OF HO		HOME O	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b KIND OF	BUSINESS OR
Ba	ltimore	1522 N			Street	(TIPE OF WORK FOR MOST	JF WORKING [	FE) INDUSTRY	
	AL RESIDENCE (IF NURSING HOME OR			ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 71P COD	2121	3
	arvland_		Baltime		YES X NO	1522 N.		line S	
	THER'S NAME				15. MOTHER'S MAIDEN NA	ME	Chil		
	Amos	MIDDLE	Scott	110	Rebecca	MIDDLE		LAST	
	VAS DECEASED EVER IN U.S. AR		66 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDR	ESS		
0	VES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	216-18-	702/	Maggio Soc	L 1577 1	T Co	malina	Chrook
					Maggie Sco	)[[]]]	V. Ca	APPROXIM	Street ATE INTERVAL NSET AND DEATH
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	Conditions, if any, which gave rise to immediate	(d)							
	gove rise to minieutote	2							
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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME 2b. HOUR FIRST LTYPE OF PRINTS IF UNDER 1 YEAR 3 SEX 5. DATE OF BIRTH A AGE TIN YEARS LAST BIRTHDAYS MONTH YEAR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE LISTATE OR FOREIGN MARRIED NEVER MARRIED USA MD WIDOWED DIVORCED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION US OT IN SUCH FACILITY, GIVE STREET ADDRESS ETYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Homo USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS mn YES NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Ed

IE LINDER TAMES 126 KIND OF BUSINESS OR 922 N. Eden St. 21205 Chambers Marian Pugh ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR DATEST -26 Bernadine Chambers 1937 E. Jefferson APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION 20a AUTOPSY? 20b, IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [ 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY STATE CITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM ETC ) NOT WHILE WHILE AT WORK AT WORK 22a. I certify that (I) (this hospital) attended the deceased from sow the deceased live on above, (1) (was 1) ided not view the body after death. \_, and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated 226. SIGNATURE DEGREE ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN THE DIRECTOR PHYSICIAN york Rd, BAUTIMORE, MOZILLY 224. PHYSICIAN'S NAME THE OF PRINT 22e ADDRESS NAIR, M.D 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

FUNERAL DIRECTOR.

be deto should be deto with the State IMPORTANT: I

> 8/17/84 Holly Hill Cem 24. FUNERAL DIRECTOR Wm. March F/H 1101 E. North Aye.

Whitemarsh 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

STATE

ITY OR TOWN

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbompopers. Pages 1 and 2 should be filled when the State Dept. of Health and Apental Hygiene prior to buriol, cremation, ar removal.

njury, or other traumotic event, the

IMPORTANT: If Hem 21 is morked of

24 FUNERAL DIRECTOR

Henry W. Jenkins & Sons Co., Balto., Md.

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

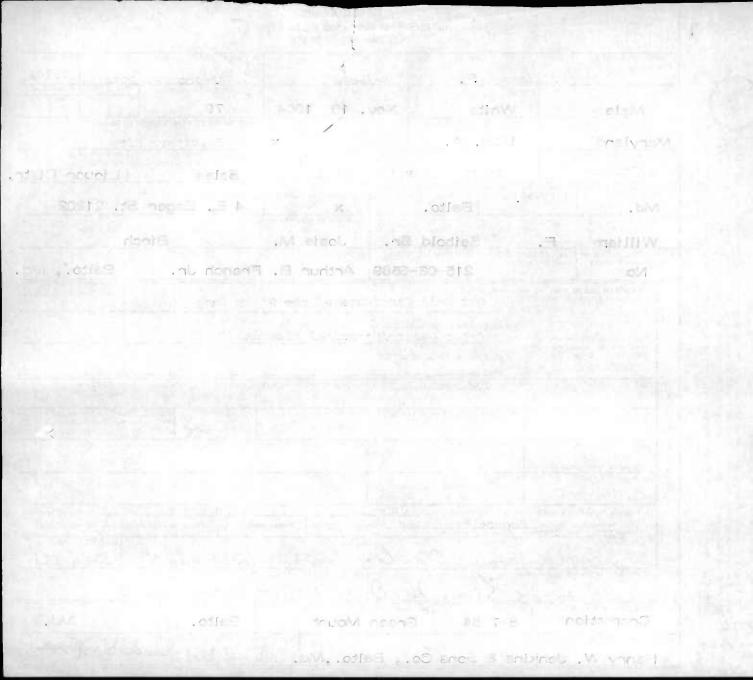
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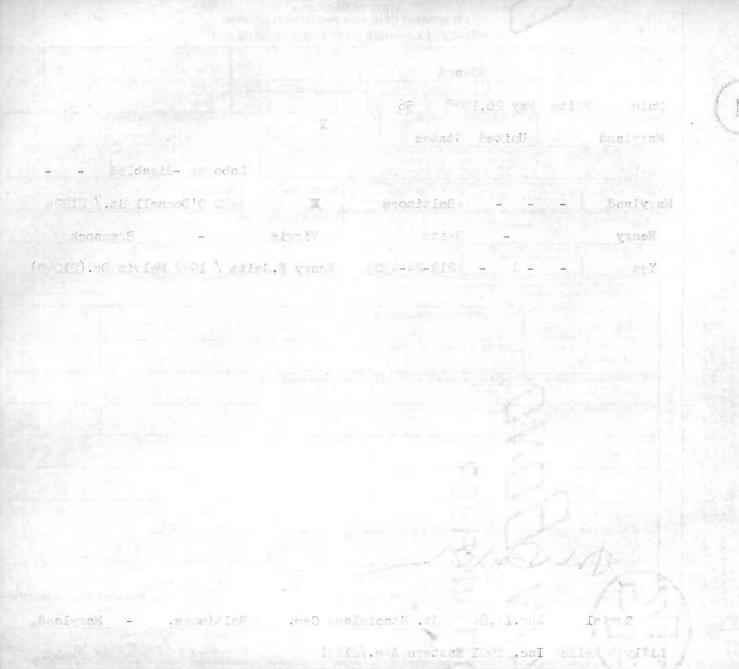
BY REGISTRAR 25% REGISTRAR'S SIGNATURE
7 1021 Julia Davidson - Handales

25a. DATE REC'D

RE	GISTRAR				CERTIF	ICATE OF DEATH	REG	NO.		
I. DECEA	SED NAME	FIR5T		MIDDLE		LAST	20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
		Will.	iam	F.	Se	ibold	Angi	ust 6.	1984	2:10A <sub>M</sub>
3. SEX			RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAS		IF UNDER I YEAR	
/	Male		Whit	:e	NON	4	79	YRS.	MONTHS DAYS	HOURS MIN.
	PLACE   STATE OF	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CIT			
Mar	ryland		U.S	. A.	WIDOWE	D NEVER MARRIED		imore	Citu	MD.
	OR TOWN OF DEA	ATH 1			NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUP	ATION	126. KIND C	OF BUSINESS OR
	altimore		Maryl	and Gene	ral H	ospital	Sales	ST OF WORKING		or Distr
130 STAT	E	13b. COUNT		13c. CITY OR TOV		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRES		St. 21	202
14. FATHE	R'S NAME		IDDIE	LAST		15. MOTHER'S MAIDEN N	AME			
\//	illiam	F. <sup>^</sup>	IDDLE	Seibold	Sn.	Josie M.	MIDDU	Bir	ch IA	51
léa WAS	DECEASED EVER			166 SOCIAL SECU		17 INFORMANT	ADI	DRESS	CIT	
	O OR UNKNOWN)	( IF YES, GIVE	WAR OR DATES)	215-03-	-6589	Arthur B.	French L	Jr.	Balt	to., Md.
go or PA	onditions, if ony, over rise to immouse (a), statin oderlying couse  RT 2. OTHER SIGN  DATE OF OPERAL	nediate g the last.	DUE TO, O	R AS A CONSEOU	ENCE OF	NOT RELATED TO THE TER				
TIFICA	DATE OF OPERA	ION	IVE COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERT	ES, WERE FINDII FIFYING CAUSES YES []	
CALC	ACCIDENT WAS UND CONTRIBUTING C IF EITHER, NOTIFY MEDIC	CALEXAMINER)	Ρ.	M. MONTH D M.	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF II	NJURY IN ITEM 18	3 PART 1 OR PART 2)	
971	INJURY OCCURE		21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	CITY OF	RIOWN	COUNTY	STATE
22b		(this hospited of olive on _		e M	84 . O 4 . D	22e. ADDRESS  C/O Maryla	MEDICAL S DIRECTOR PHY	TAFF SICIAN	22c. DATE	
230. BURIA	AL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	A Activité

DHMH - 16 50M 4/83 (VRA 15, 4)





with the State Uept. or neoint and memori systems prior to box of, secured to the medical examiner IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical examiner 6

(B	dropp -
ours ofter deoth. Page 4	in by the funeral director e filed within 72 hours off
be executed within 24 ho	rs. Pages 1, and 2 should b
that the death certificate	by the ottending physiciose remove corbonpoper ol, cremotion, or removal.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director page should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filled within 72 hours of the detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and Bealth and Mental Hygiene priar to burial, cremation, or removal.
TO HOSPITAL OR ATTENDING PHYSICIAN: The Iseroined by the hospital or offending physician.	L DIRECTOR: After this catached for use as the but e Dept. of Health and Me
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# STATE OF MARYLAND

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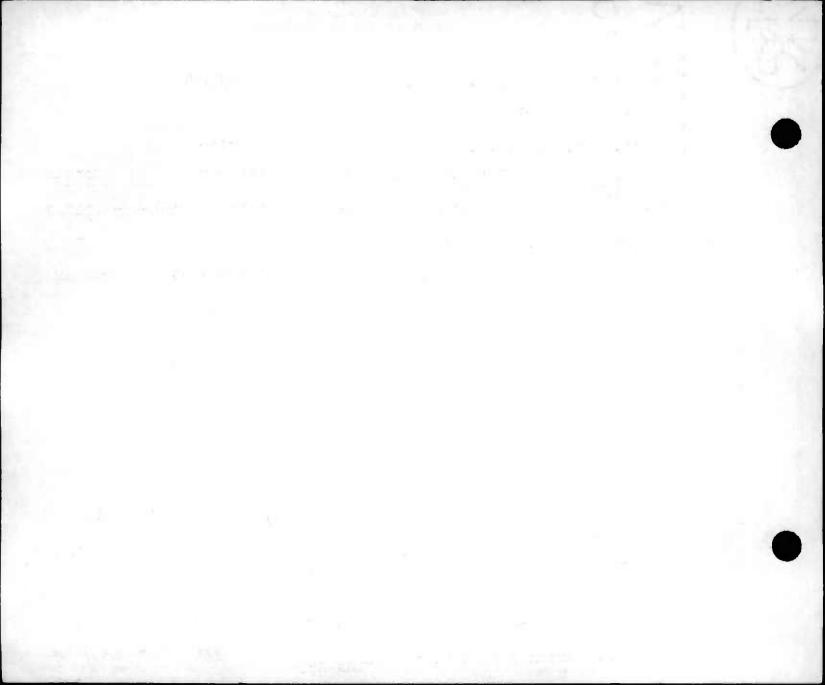
	1 -	FOR STATE REGISTRAR	DEPART		ALTH AND MEN		ENE REG. NO		
1		CEASED NAME FIRST	MIDDLE	LA	51		20 DATE OF DEATH MONE	H DAY YEAR	2b. HOUR
	(TYPE	BERNARD	M. SETTI	r.m		- 1	8/16/84		M
ŀ	3. SE2		4. RACE	5. DATE OF	BIRTH		6 AGE JIN YEARS LAST BIRTHDAY		
			Dlask	MONTH		YEAR	4.0	MONTHS DAY	S HOURS MIN
	Zo RI	Male RIHPLACE / STATE OR FOREIGN	Black  7b. CITIZEN OF WHAT COUNTRY?	1			49 9 BALTIMORE CITY OR CO	UNITY OF DEATH	
75	P	hila. Pa.	U.S.A.	WIDOWED		CED [	City		MD.
Julius de la contraction de la		alto.	11. NAME OF HOSPITAL, NURSIN (IF NOTIN SUCH FACILITY, GIVE STREET LUTHERAN			ION	12a USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WOR Laborer	KING LIFE) IZIL KIND INDUSTR	or BUSINESS OR ONSTRUCT
25		AL RESIDENCE (IF NURSING HOME O STATE 136 COU ICL •	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 136. CITY OR TOW Balto.	VN	13d. INSIDE CITY L YES <b>XXX</b> NO		130.STREET ADDRESS / ZIP 1037 N. Str	CODE	21217
NO C		THER'S NAME FIRST	M. Settle	1	15 MOTHER'S MA	IDEN NAM	MIDDLE		LAST
0	16e V	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECU	_	17 INFORMANT		ADDRESS		
B /	(	YES, NO OR UNKNOWN) (IF YES, GI	216 32	1493	Janic	e Sp	iller 1037		CKOT
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900 9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORME	D		IF YES, WERE FINE CERTIFYING CAUS YES	
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E		226 SIGNATURA	ellumpain	M -)	PHY	NDING SICIAN [	MEDICAL STAFF DIRECTOR   PHYSICIAN	- 1	17.84
A L		S. KUUA T	HEENGAM		22e ADDRESS 230	E.	25th street	il Bal	10 21218
5	23e I	BURIAL CREMATION, REMOVA JULIAL	1 23b. DATE 8/20/84 23c	NAME OF CE King	Metery or created Mem. Pa	natory .rk	Randalls	stown M	Id. STATE
	24 FI	UNERAL DIRECTOR				250 ADATA	REC'D. BY REGISTRAR 29	REGISTRAR'S SIGN	ATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

James A. Morton & Sons 1701

Lauren

AUG 20 1984 Julia Davidson-Randelle



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STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH CERTIFICATE

AND MENTAL HYGIENE	Co 1	1	-
OF DEATH	250 110		

							REC	5. NO.		
DECEASED NAME	FIRST		MIDDLE		AST		20 DATE OF DEAT	<b>CO</b>	DAY YEAR	26 HOUR
	HARRY	Z	R.	S	HECKELL	S		8 -	14-84	120M
SEX	411-23	4 RACE		5. DATE C			6 AGE (IN YEARS LA	T BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
MALE		WH	ITE	MONTH 1	0 24	04	79	YRS	MONTHS DAYS	HOURS MIN
BIRTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 Sep	erated		9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
Marvland		U.	S.A.	WIDOWE	DIZ NEVER M	ORCED	Balt:	imore C:	ity	MD.
CITY OR TOWN OF D	EATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C			12a USUAL OCCUI	PATION	12b KIND OF	BUSINESS OR
BAlto		1 DENSU	CHEACILITY, GIVE STREET	ADDRESS)	Aking	Center	Plumbe:		Plumb	ina
SUAL RESIDENCE (IF N	URSING HOME OR	OTHER INSTITUTION			010119	-47162			1 - Lumb	Ing
o. STATE	Roll:	timore	Arbutus		13d. INSIDE CI	TY LIMITS?	13e STREET ADDRE	den Cho	ice Lane	21229
Maryland FATHER'S NAME	Dar	LIMOTE	1 MIDGEG.		15 MOTHER'S			acii olio.	LCC Danc	
Harry		WIDDLE	Shecke	11e		unava]	lighla MIDD	l.E	Ston	10
WAS DECEASED EV	FRINIIS AR	MED FORCES?	166 SOCIAL SECU		17 INFORMAL			DRESS	5 601.	
(YES, NO OR UNKNOWN)		E WAR OR DATES)	Unavalia							01.000
NO			1		Levelyn	Earp .	1047 Maid	en Choic		21229
PART I. DEATH	ATH (Enter an WAS CAUSE	ly ane cause pe DBY:	r line for (a), (b), and	11/1	r11 7	rillen			BETWEEN OF	NATE INTERVAL NSET AND DEATH
	IMMEDIAT	E CAUSE (a)	Keyw.	imi	9 70	yun				
		DUE TO, C	RAS A CONSEQUE	NCE OF	L) A	1	111		1	
Conditions, if or		(b) S	ancen	umo	of	ung			1	
gove rise to i		DUE TO C	B AS/A CONSEQUE	NCE OF.	14	1	11	0.00		
underlying cau	ise last	(c)	nonu	Ok	stalle	lul	Pully,	Viscas	a la	
PART 2 OTHER SI	GNIFICANT	ONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	NAL DISEASE OR C	ONDITION GIV	EN IN PART 1 a	
Cara	nom	wood	luer	) (	melo	stole				
19a DATE OF OPER	RATION	196 CONE	ITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY?	20b. IF YES	, WERE FINDING	3S USED
							YES NO		YING CAUSES C	OF DEATH?
210 ACCIDENT WAS L	INDERLYING	216 TIME C			21c HOW IN	IURY OCCURR	ED (ENTER NATURE OF			
	_		.M. MONTH DA	Y YEAR						
(IF EITHER NOTIFY M			.M. OF INJURY	19	211 LOCATIO	N				
MUITE NOT	WHILE		REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET		CITY	OR TOWN	COUNTY	STATE
	/II (this bessi	(a) (a)		# A 1	11149	80	1111	1111/1/19	4 8V	
22a I certify that	osed alive on	auge	15F16-	846	d that in (my)	gur) opinion o	death occurred on the	o data and have		nat (I) (we) last
abave, (1) (we 22b. SIGNATURE	(did) (did no	t) view the body	after death.			dor, opinion c	seam occurred on it	le dote ond nou		
1.00	nlile	in 11	1 dilicer	1	DEGREE	TTENDING	MEDICAL	STAFF	22c. DATE S	(1101)
7/10	rucc	1/10	~~~~~~	( )	P		DIRECTOR   PH		18/1	7/14
22d PHYSICIAN'S	NAME (TYPE O	BPRIND	Addis	h m	22e ADDRESS	16/11	north a	hul.		
Fias	11011	1) 7,	1100130	1110	72	7 001	170111119			
BURIAL, CREMATION	N, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR C	REMATORY	23d LOCATION			
(SPECIFY) Crema	tion	8/16	/84 L	oudon	Park C	remato:	ry Balti	more	COUNTY	Marylan

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

etained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely should be detoched for use as the burial-transit permit. Then please remove corbonoopers. Page 1 and 3 should be detoched for use as the burial-transit permit. Then please remove corbonoopers. Page 1 and 3 should the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

injury, or other traumatic event,

MADORTANT: If Hem 21 is morked or Item 18 spows ony

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

the state of the s A West expectation to the state of the second Emgle 1 1 1 through a thomas a track to the same the second second second

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

etoined by the hospital or attending physician.

BP\_\_\_\_\_ DHMH - 16 50M 4/82

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

11.	STATE REGISTRAR						REG. N			
	CEASED NAME Lawrence	ce Joseph	Cardina.	1 She	han	1 2	O. DATE OF DEATH		DAY YEAR	2b. HOUR
1	LAURE	NCE C	IRDINAL		HEHAN			8 2	6 84	800
3. SEX	X	4. RACE		5. DATE C	F BIRTH		AGE (IN YEARS LAST BIR		IF UNDER 1 YEA	
	Male	C.	aucasian	MONTH	18 9	AR 8	86	YRS.	MONTHS DAY	S HOURS MI
	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8.	D NEVER MARRIE	ED 187 9.	BALTIMORE CITY C		OF DEATH	
	Md.	451		WIDOWE			BALTIMO	RF (	CITY	
10. CI	ITY OR TOWN OF DEATH		OSPITAL, NURSING		OR OTHER INSTITUTION		2a USUAL OCCUPAT			OF BUSINESS
/	Baltimore	MERCY	HOSPITA				Cardinal	DE WORKING LIF		olic Ch
USUA TJa S	AL RESIDENCE (IF NURSING HOME O		THE RESIDENCE BEFORE A		13d, INSIDE CITY LIA		3e. STREET ADDRESS			215
	Md.		Balto.		YES X NO			rles	Stroot	616
14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAID				<del></del>	AST
4	Thomas	P.	Shehar	1	Anasta	asia	WIDDLE		Schofi	
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDRI			2120
(1	YES, NO PUNKNOWN) (IF YES, G	DATES)	433-74-15	576	Rev. G. M	Michae	el Schleup	ner-32	20 Cati	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR	Ine for (0), (b), ond  ETA STATIC  AS A CONSEQUEN  AS A CONSEQUEN	NCE OF	RCINOMA	of	THE CO	ron	24	eers
CATION	Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR  DUE TO, OR  DUE TO, OR  DUE TO, OR  (c)  CONDITIONS CO	AS A CONSEQUENT AS A CONSEQUENT NTRIBUTING TO DI	NCE OF		HE TERMIN		DITION GIV	EN IN PART	1100
TIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR  DUE TO, OR  DUE TO, OR  DUE TO, OR  (c)  CONDITIONS CO	AS A CONSEQUENT AS A CONSEQUENT NTRIBUTING TO DI	NCE OF	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CON	DITION GIV	EN IN PART	1(o)
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR  DUE TO, OR  DUE TO, OR  DUE TO, OR  (c)  CONDITIONS CO  19b. CONDITIONS  HOUR A.A.	AS A CONSEQUENTRIBUTING TO DI	NCE OF	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CON	DITION GIV	EN IN PART  , WERE FIND YING CAUSE S	DINGS USED ES OF DEATH?
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO, OR  DUE TO, OR  (b)  DUE TO, OR  (c)  CONDITIONS CO  19b. CONDITIONS  ATH  (R)  21b. TIME OF  HOUR AA.  21e. PLACE O	AS A CONSEQUENT AS A CONSEQUENT INTRIBUTING TO DITTON FOR WHICH CONTROL OF THE PROPERTY AS A CONSEQUENT OF THE PROPERTY AS A C	NCE OF  NCE OF  PEATH BUT  DPERATION  Y YEAR  19	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CON  200 AUTOPSY?  YES NO	DITION GIV  20b. IF YES IN CERTIF YE. RY IN ITEM 18 P	EN IN PART  , WERE FIND YING CAUSE S	DINGS USED ES OF DEATH?
8	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING ] CAUSE OF DE (IF ETHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK AI WORK 22a.1 certify that (I) (this hosp	DUE TO, OR  (b)  DUE TO, OR  (c)  19b. CONDITIONS CO  19b. CONDITIONS CO  21b. TIME OF HOUR A.A.  21c. PLACE C (AT HOME, STRE	AS A CONSEQUENT AS A CONSEQUENT INTRIBUTING TO DITTON FOR WHICH CONTROL TO THE PROPERTY OF FICE, FAIL DEEP, FACTORY, OFFICE, FAIL DEEP, FACTORY, OFFICE, FAIL DECEOSED from	NCE OF  EATH BUT  DPERATION  Y YEAR  19  RM. ETC.)	NOT RELATED TO THE N WAS PERFORMED  21c. HOW INJURY CO.  21f. LOCATION STREET	HE TERMIN	AL DISEASE OR CON  200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO	20b. IF YES IN CERTIF YES	EN IN PART  WERE FIND YING CAUSE S  COUNTY	DINGS USED ES OF DEATH? NO  STATE
8	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING ] CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE   NOTWHILE   AT WORK   AT WORK	DUE TO, OR  DUE TO, OR  (b)  DUE TO, OR  (c)  CONDITIONS CO  19b. CONDITIONS  21b. TIME OF HOUR A.A. P.A.  21e. PLACE C (AT HOME, STRE	AS A CONSEQUENT AS A CONSEQUENT INTRIBUTING TO DITTORY A. MONTH DAY	NCE OF  NCE OF  EATH BUT  DPERATION  19  RM. ETC.)	NOT RELATED TO THE N WAS PERFORMED  21c. HOW INJURY (  21f. LOCATION STREET  3.0 19 and that in (my) (our) of DEGREE	OCCURRED	AL DISEASE OR CON  200 AUTOPSY?  YES NO CITY OR TO  to LAGUST  oth occurred on the di	20b. IF YES IN CERTIF YE.  RY IN ITEM 18 P  WN  26.  ote ond hour	EN IN PART  WERE FIND YING CAUSE S  COUNTY  19  4  Trond from the	DINGS USED ES OF DEATH? NO  STATE
8	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CONTRIBUTING AT WORK  21d. INJURY OCCURRED  WHILE AT WORK  22a. I certify that (1) (this hasp saw the deceased alive or obove, (1) (we) (did) (did in 1).	DUE TO, OR  DUE TO, OR  (b)  DUE TO, OR  (c)  CONDITIONS CO  19b. CONDIT  19b. CONDITIONS CO  21b. TIME OF HOUR A.A.  21c. PLACE C (AT HOME, STREE  of) view the body of	AS A CONSEQUENT AS A CONSEQUENT INTRIBUTING TO DITTORY A. MONTH DAY	NCE OF  EATH BUT  DPERATION  Y YEAR  19  RM, ETC.)	NOT RELATED TO THE N WAS PERFORMED  216. HOW INJURY (  216. LOCATION STREET  3 O 19 and that in (my) (our) of DEGREE  ATTENET PHYSIC	OCCURRED  S 4  Opinion dec	AL DISEASE OR CON  200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO	20b. IF YES IN CERTIFYE.  RY IN ITEM 18 P  26  ote ond hour	EN IN PART  WERE FIND YING CAUSE S  COUNTY  19  4  Trond from the	DINGS USED ES OF DEATH? NO  STATE
8	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE OF DE CONTRIBUTING AT WORK  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this hosp saw the deceased olive on obove, (I) (we) (did) (did in obove,	DUE TO, OR  DUE TO, OR  (b)  DUE TO, OR  (c)  CONDITIONS CO  19b. CONDIT  19b. CONDITIONS CO  21b. TIME OF HOUR A.A.  21c. PLACE C (AT HOME, STREE  of) view the body of	AS A CONSEQUENTRIBUTING TO DITION FOR WHICH CONTRIBUTING TO DAY OF INJURY OF	NCE OF  NCE OF  EATH BUT  DPERATION  19  RM. ETC.)	NOT RELATED TO THE N WAS PERFORMED  21c. HOW INJURY ( 21f. LOCATION STREET  3.0 19 and that in (my) (our) of DEGREE  ATTENE	OCCURRED	AL DISEASE OR CON  200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  10 ALAGUST  oth occurred on the di  MEDICAL STA  DIRECTOR PHYSIC	20b. IF YES IN CERTIFYE.  RY IN ITEM 18 P  WAN  ote ond hour	EN IN PART  , WERE FINE YING CAUSE S   ART 1 OR PART 2:  COUNTY  19 4 7 r and from the	DINGS USED ES OF DEATH? NO   STATE  which (1) (we) 1  the couses stoted  TE SIGNED
WEDICAL 230. 8	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF ETHER, NOTHY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOTHY MEDICAL EXAMINE AT WORK  22c. I certify that (I) (this hosp saw the deceased alive on obove, (I) (we) (did) (did not the same obove, (I) (we) (did) (did not the same obove, (I) (we) (did) (did not the same obove).	DUE TO, OR  (b)  DUE TO, OR  (c)  CONDITIONS CO  19b. CONDITIONS CO  19b. CONDITIONS CO  21b. TIME OF HOUR A.A.  21e. PLACE C (AT HOME, STRE  of) view the body of	AS A CONSEQUENT AS A CONSEQUENT INTRIBUTING TO DISTRIBUTING TO	NCE OF  NCE OF  EATH BUT  OPERATION  19  RM, ETC)  MO  AME OF C	NOT RELATED TO THE  N WAS PERFORMED  21c. HOW INJURY (  21f. LOCATION STREET  3 O 19 and that in (my) (our) of DEGREE  ATTENLE PHYSIC  22c. ADDRESS  MERCY  EMETERY OR CREMA	OCCURRED  OCCURRED  DING  DING  CIAN	AL DISEASE OR CON  200 AUTOPSY?  YES  NO CITY OR TO  CITY OR TO  ALAGLAST  Oth occurred on the di  MEDICAL PHYSIC  PLACES  236. LOCATION	20b. IF YES IN CERTIFYE.  RY IN ITEM 18 P  WAN  ote ond hour	EN IN PART  , WERE FINE YING CAUSE S   ART 1 OR PART 2:  COUNTY  19 4 7 r and from the	DINGS USED ES OF DEATH? NO   STATE  The couses stoted TE SIGNED

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[2011년 12] [10] [10] [10] [10] [10] [10] [10] [10	
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# TO FUNERAL DIRECTOR After this certificate has be should be detached for use as the bu with the State Dept of Health and M

# STATE OF MARYLAND

	1-	FOR STATE REGISTRAR			DEPA		EALTH AND N			EG. NO.				
		CEASED NAME OR PRINT)	FIRST		LEON	SHE	TTET.		AUGUS				7:46	A
	3. SEX	MALE	00	4 RACE WHITE		5. DATE C		21 YEAR	6 AGE IN YEARS	LAST BIRTHDAY	- II	UNDER I YEAR	IF UNDER 2	
5	7e. BIF	CONN.	FOREIGN	76. CITIZEN OF USA	WHAT COUNT	MARRIEI WIDOWE	D X NEVER M	AARRIED	BALTIMORE O	CITY OR CO				MD.
2	B	TY OR TOWN OF DE	Ξ	THE	JOHNS	HOPKIN			126 USUAL OCC 1TYPE OF WORK FOR SALESMA	MOST OF WOR	KING LIFE]	126. KIND C INDUSTRY JEV	F BUSINES	SOR
8	USU A 130 S	AL RESIDENCE IF NUE TATE FLORIDA	PALA	OTHER INSTITUTION	BOCA	PORE ADMISSION) OWN RATON	134. INSIDE CI YES 🗌	NO X	8730 CF	RESS / ZIP IEVY C	CODE HASE	DR.	(33	433)
K	HL FA	LOUIS			SHEITËL	4		MAIDEN NAM	M	DDLE			KNOW	
3	16a W	VAS DECEASED EVEI		MED FORCES? /E WAR OR DATES)	064-16		MRS. S		SHEITEI				ase Di	r.
		18. CAUSE OF DEA PART I. DEATH V	A/AS CALISE	nly one couse per D BY: TE CAUSE (a)			arrest					BETWEEN BETWEEN	MATE INTERV ONSET AND D	AL
		Conditions, if on gove rise to in couse (o), state	mediote	(b)_	R AS A CONSE	d overwh	elminy !	reasis				1100	with	
		underlying cous	e lost.	(c)	RAS A CONSE	ound in		diabet	INAL DISEASE OF	R CONDITIO	N GIVE	N IN PART 1	0	
1	CERTIFICATION	190 DATE OF OPERA	record A	elus, con	0 11 1	we resp.	infelicien	ey, met	200 AUTOPS	(? 20b		WERE FINDI		
		210. ACCIDENT WAS UP OR CONTRIBUTING	_		of INJURY M. MONTH	210104	21c HOW IN.	JURY OCCURR	YES NO		YES		NO [	
7	MEDICAL	(IF EITHER NOTIFY MEE  214 INJURY OCCUI  WHILE NOT V AT WORK AT W	RRED	21e. PLACE	M. OF INJURY REET, FACTORY, OFF	(CE, FARM, ETC.)	211 LOCATIO	N	CI	TY OR TOWN		COUNTY	51	ATE
		22a I certify that (	l) (this hosp	ol) ottended the			nd that in finy	, 19 <b>89</b> (our) opinion (	to	me dote a	nd hour	ond from the	that (I) w couses stat	e) lost red
1		27b. ATURE	ma	ym 1	w)		F		MEDICAL DIRECTOR	STAFF PHYSICIAN		8/16	SIGNED	
1		224. FLYSICIAN'S N		4NPUR			JOHNS		INS HOST	TAL				
	23a. B	BURIAL, CREMATION	REMOVAL	23b. DATE	2	The NAME OF C	EMETERY OR C	REMATORY	23d. LOCATIO	N				

BURIAL /REMOVAL 8/19/84 STAN 24 FUNERAL DIRECTOR SOL LEVINSON & BROS 6010 REISTERSTOWN RD. BALTIM

STAR OF DAVID CEM

, MD. (21215)

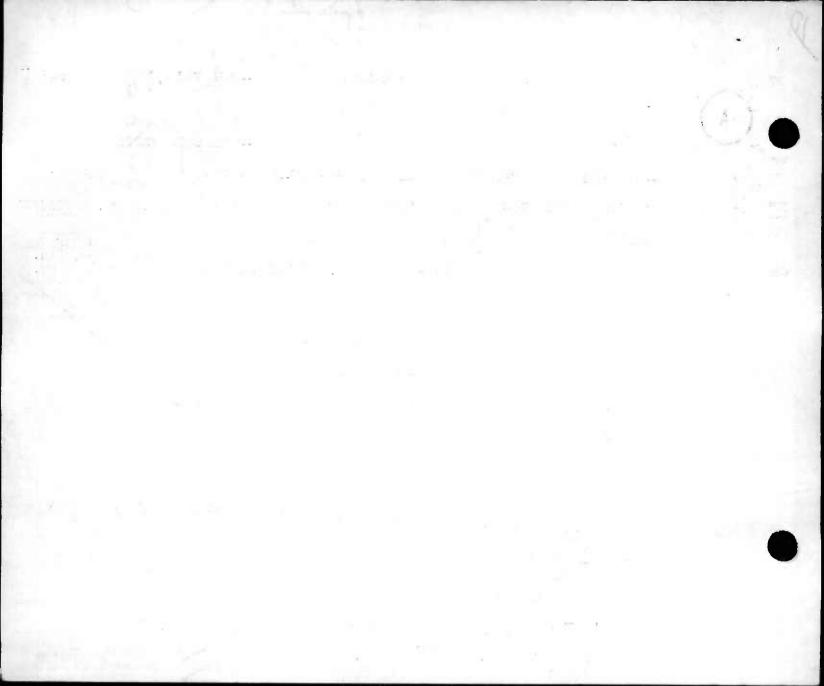
LAUDERHILL, FLORIDA

C.D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

2 1 1984 Julia Davidson Pandale

DHMH 6 50M 4/83

IMPORTANT: If Item 21 is



### STATE OF MARYLAND

1 -	STATE REGISTRAR		DEPAI	CERTIF	EALTH AND MENTAL HAG ICATE OF DEATH		. NO.		
	CEASED NAME Flore	nce	W.	Shel	ton	26. DATE OF DEATH	MONTH F	19 84	8:52 M
3. SEX	Female	4 RACE	lack	5. DATE C	F BIRTH  S 92	6. AGE (IN YEARS LAST	( SIRTHDAY)	MONTHS DAYS	HOURS MIN.
70.81	RTHPLACE TSTATE OR FOR	TEIGN 76. CITIZE	U-S.	Y? 8. MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY		TY OF DEATH	y MD.
10. CI	Baltimer	e Lui	WEVAN	HOS DI	TOTHER INSTITUTION	126. USUAL OCCUP (TYPE OF WORK FOR MO			OF BUSINESS OR
Ma	aryland	S HOME OR OTHER INSTI Bb. COUNTY	TUTION, GIVE RESIDENCE BEF 13t. CITY OR TO Balti	NWC	136 INSIDE CITY LIMITS? YES 🔀 NO 🗌	130 STREET ADDRES		meda	21239
18	Nelson  Nelson	WIDDLE	Willi		IS. MOTHER'S MAIDEN NA  Minnie  17. INFORMANT	MIDDLI	DRESS	Jone	S S
		(IF YES, GIVE WAR OR D	251-80	-7040	Minnie Ric			ne Alam	LEGA  XIMATE INTERVAL LONSET AND DEATH
CERTIFICATION	Conditions, if ony, very power rise to immercouse (o), storing underlying couse  PART 2 OTHER SIGNIF	DUE  which dipte the lost.  DUE  CICANT CONDITION  DIPLOM  19b. C	TO, OR AS A CONSECTION, OR AS A CONSECTION OF AS A CONSECTION OF A CONTRIBUTION OF A	ODEATH BUT	NO RELATED TO THE TERM	200 AUTOPSY?	20b. IF Y	YES, WERE FINDS TIFYING CAUSE YES []	INGS USED
MEDICAL CE	21d. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTHY MEDICAL 21d. INJURY OCCURREI WHILE NOT WHILE AT WORK 22d. 1 certify that (I) (I) sow the decrease obove, (I) we'l (did 22b. SIGN TURE	USE OF DEATH LEXAMINER)  21e. P (AT HO	body ofter death.	TE, FARM, ETC.)	ATTENDING PHYSICIAN 220. ADDRESS	city of	R TOWN	COUNTY	that (I) (e) ast e couses stated
B	BURIAL, CREMATION, RE (SPECIFY) BURIAL UNERAL DIRECTOR	MOVAL 23b. DA	24/84 R	edhil'	EMETERY OR CREMATORY  Bapt Ch  250. DAI		lward,	COUNTY	STATE S.C.
Wm	C March	F/H Inc	. 1101 F		h Avenue A	108 2 1 198	14 11	in Buildon	-Handell

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or ottending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the flashould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other traumotic event, the medical

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1-	FOR STATE REGISTRAR			DEPARTM	NENT OF H	EALTH AND MENTAL H		REG. NO.	11	
	CEASED NAME OR PRINT)	PEN	E J.	SHE	PM	AN	20. DATE OF DE	EATH MONTH C	84	26. HOUR 430 PM
3 SE	FEMAI	1E 1.R	WH	ITE	5. DATE C		6 AGE (IN YEAR	74 YRS.	IF UNDER I YEAR	
7a. Bi	Balto. M.	OREIGN 7b. (	U.S.	A.	8. MARRIEI WIDOWE	DE DIVORCED		city <u>or</u> county timore (i		MD
10. C	Balto. M.	M	SON L	ond (ente	ones Fro	ancis Scott	120 USUAL OCI	CUPATION OR MOST OF WORK TORY WORK		tired
	AL RESIDENCE (IF NURS	ING HOME OR OTHE		130. GTY OR TOW		13d. INSIDE CITY LIMITS?	13 · ST 4605	Kavon Av	enue -	21206
14. FA	ATHER'S NAME FIRST Rober	rt Shero	nan.	LAST		15. MOTHER'S MAIDEN P	nie Streë	MODE	LA	.st
	WAS DECEASED EVER	IN U.S. ARMED		217-09-1	1252	Susan Carr	- 4605 Ka	von Aven-	21206	
	18 CAUSE OF DEATH W PART I. DEATH W Canditions, if ony, gave rise to imp	AS CAUSED BY IMMEDIATE C. which	': AUSE (a)	line for (a), (b), one	Dia;	pulmonera Unkarar	1 Am	214	APPRO) BETWEEN	XMATE INTERVAL ONSET AND DEATH
	cause (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUJ NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART						ENI INI DART 1			
ATION	190 DATE OF OPERAL			Met	anto	1 /	200 AUTOPS	ul Sa	C A-	
CERTIFICATION	NA				N/	A	YES N	IN CERTIF	SING GAUSE	
MEDICAL CE	21a. ACCIDENT WAS UNLE OR CONTRIBUTING. (IF EITHER NO!	MELLINGEATH MELLINEST	P./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCC	URRED GENESE NATUR	E OF INJURY IN ITEM 18 P.	ART I OR PART 2)	
MEDI	21d INJURY OCCURE	REP A	21# PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, I	KRMATC)	211 LOCATION STREET	NA	CITY OR TOWN	COUNTY	STATE
	220 I certify that (1) saw the decease above (1) (we) (0	d alive or	8/6	19_	\$4, or	nd that in my aur) opinion	on death occurred a	in the date and hou	r ond from the	tho (1) (we) lost causes stated
	226 SIGNATURE	6	Kat	An .	N	ATTENDING PHYSICIAN		STAFF PHYSICIAN P	S/	6/84

23¢ NAME OF CEMETERY OR CREMATORY

STATE

236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETER (SPECIAL)

24 FUNERAL DIRECTOR

John Miller Inc-6415 Belain Rd. -21206 Greenmount Cem.

T250. DATE REC'D. BY REGISTRAN

DHMH - 16 50M 4/82 (VRA 15, 4)

mal-transit permit.

TO FUNERAL DIRECTOR: After this certificate has be

should be detached for use as

IMPORTANT: If he

altinone i'm 4.5.4. sello. id. Balto, d. . ason Lord enter Francis scott en Factor on retire 1505 haven venue - 135 alto. x .4. onic inet more troign 217-07-125 suga na - 1 05 won war 21 05 alto. 11. restion 8-7-4 (reen our con john C. Hiller Inc-1.15 velair M.-1255

The state of the s

2 1	tems 18-22a 8/31		STATE OF MARYLAND NT OF HEALTH AND MEN	ITAL HYGIENE	21175
	REGISTRAR		AMINER'S CERTIFICA	ATE OF DEATH	REG. NO.
	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE KN OF E	STI-
2848F	Louis	е	Sherrod	DEATH M	ATED 8-13 1984
E 25 7 12	4. RACE	MONTH DAY YEAR	2.00	UNDER 24 HRS 20. DATE PRONOUNCE DEAD	8-13 1984 8:43
1	BIRTHPLACE ISTATE OR	TO CITIZEN OF WHAT COUNTRY	5 / YRS.	* BALTIMOR	RECITY OR COUNTY OF DEATH
CANV.	PORTH CAROLINA	4.5.7.	MARRIED NEVER	R MARRIED .	imore City,
	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		FOR MOST OF WORKING	G LIFE) OR INDUSTRY
100 US	Baltimore SUAL RESIDENCE (IF IN NURSING HOME O	University Ho	spital	HOMEM	ALLER
	NARYLAND	Y 13c CITY OR		LIMITS? 130 STREET ADDRESS	FRS- 21201
3	FATHER'S NAME  WRIGHT	MIDDLE LAST	15. MOTHER'S	SMAIDEN NAME  ARY F. A.	LE LAST
2 160	O. WAS DECEASED EVER IN U.S. ARA (YES, NO, OR UNKNOWN) (IF YES, GIVE		SECURITY NO. 17 INFORMA	ARY F. SHEARD 4	ADDRESS 2229 406020FREDRICKERARO
ERMIT. PAGES 1 A	PART I DEATH WAS CAUSED	y one couse per line for (o), (b), on BY: E CAUSE (o) Subdura.	d (c).) l Hematoma		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
SK F A	Conditions, if any, which	DUE TO, OR AS A CONSEC	DUENCE OF		
	gove rise to immediate cause (a) stating the under-	(b)	DUENCE OF		
PIAL CREMATION, OR	lying cause lost.	(c)			
SEAN SEAN SEAN SEAN SEAN SEAN SEAN SEAN		ONTRIBUTING TO OFATH BE NOT RELATED T	O THE TERMINAL DISEASE OR CONDITION GI	IVEN IN PART 1 (a)	
¥07	19a. DATE OF OPERATION	196. CONDITION FOR WH	CH OPERATION WAS PERFORME	D?	20 AUTOPSY?
/	2				YES XX NO
	190. DATE OF OPERATION  210. EXTERNAL CAUSE WAS  UNDERLYING  OR	216 TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	CCURRED (ENTER NATURE OF INJURY	
2	CONTRIBUTING CAUSE OF		1984 Subject 1	Cell at home	
2011	CONTRIBUTING CAUSE OF E	STREET FACTORY FARM FICE	THOME, 21 LOCATION STREET 6 SO. PODT	pleton St. Balt	county state timore. Md.
		e of the remains fullbed above,		nspection . Inquiry .	and in my apinian
, WITH THE S	depth resulted from Notur	al causes I dent	, Suicide Hamicide		er ,
100	ACTUAL SIGNATURE ULLU	is Thur	h Mus Assis		ER SIGNED 8-13-84
MOR	EXAMINER'S NAME DET	nis F. Smyth, M	.D. ADDRESS	lll Penn St., I	Balto., Md. 21201
730	BURIAL, CREMATION, REMOVAL 2		FOF CEMETERY OF CREMATOR		
1 1	BURLAL	8-17-84 1	4. Zon Centete	my Hollins Fe	my Rd. Batto. Md.
24	FUNERAL DIRECTOR	ADDRESS 2	x slorts 0	AUG 2 2 1984	Julia Davidson-Handale.

March Pricery The water of the world the pull A STATE OF THE PARTY OF THE PAR

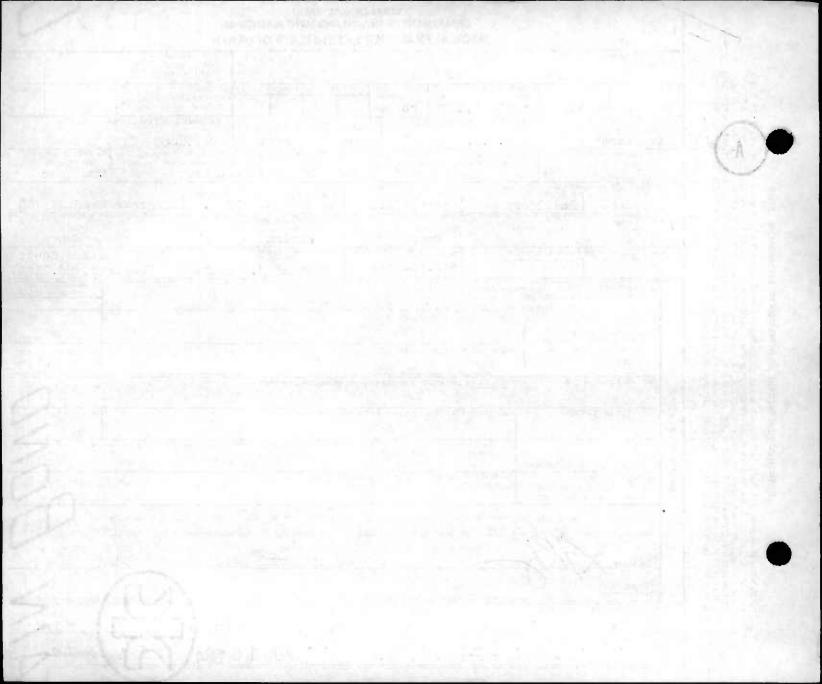
BP. **DHMH - 17** (VR A15 ME (5)) 20M 4/82

DIRECTOR. DIRECTOR. OUR FILES. V72 HOURS ON STREET,

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		STATE REGISTRAR		MED	ICAL EXAMIN	ER'S	CERTIFICATE O	F DEA	TH REG.	NO.		
		CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST		20 DATE KNOWN OF ESTI-	HTMOM (X)	DAY YE	AR 25. HOUR
			MARI	ON	HOHLBEIN	Sh	off		DEATH MATED	□ 8/1	4/8419	M
	3 SEX	emale	RACE White	5. DATE OF BIRTH MONTH DAY April 8,	YEAR 6. AGE (IN YEAR LAST BIRTHDA	MON.	NDER TYR. IF UNDER	24 HRS.	PRONOUNCED DEAD	8/1	4/8419	21095 PM
1	Da. BI	RTHPLACE (STA		76. CITIZEN OF WHA		à	IED X NEVER MARRI	ro 🗆	9. BALTIMORE CIT			
1		reign country) ew Jerse	v	U.S.A.			VED DIVORC		Baltimo	re Cit	v	MD.
6	0. CI	TY OR TOWN O	F DEATH		ITAL, NURSING HOME	, OR OT	HER INSTITUTION		JAL OCCUPATION		12h KIND O	F BUSINESS
4		Baltimo		St. Agi	LITY, GIVE STREET ADDRESS)  108 HOSPITA  RESIDENCE BEFORE ADMISSION				most of working life) memaker		Own He	
5	Ille. S'		Nb. COUNT	TY	Catonsvil		13d INSIDE CITY LIMITS?  YES NO X	13e STR	EET ADDRESS 5 N. Belle	egrove	Road	21228
1	14) FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDE	N NAME	MIDDLE		LAST	
2	Ma	atthew		MODEL	Hogan		Marian		,,,,,,,,,,,		Rab	у
5	160. V	VAS DECEASED	EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECURITY	NO.	17 INFORMANT		ADDR	ESS13 Cl	nadman	Court
1	No		(IF IES, GIVE V	WAR OR DATES!	210-30-437	78	Richard	н. н				d.21207
		18 CAUSE OF	DEATH (Enter anl	y ane cause per line f	ar (a), (b), and (c),)						APPROXI	MATE INTERVAL
		PARTIDEA	TH WAS CAUSED		teriosclero	tic	Cardiovasc	ular	Dispaso		BEIMEEN	ONSET AND DEATH
		7	IMMEDIAT		S A CONSEQUENCE (		Cararovasc	ulai	DISCUSE			
		Conditions, if any, which										
		gave rise	to immediate	(b)								
		lying cause	tating the <u>under</u> -	DUE TO, OR A	S A CONSEQUENCE	OF						
		7		(c)								
	NO	PART 2 DINER SIGN	HEICANT CONDITIONS (	DATRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEA	SE DR CONDITION GIVEN IN PA	RT 1 (a)				
	CERTIFICATION	190 DATE OF C	PERATION	196 CONDITI	ON FOR WHICH OPER	ATION V	VAS PERFORMED?				20 AUTO	PSY?
	IFIC										YES (	X NO 🗆
	E	210 EXTERNAL	CAUSE WAS	216 TIME OF	NJURY	21c. H	OW INJURY OCCURRE	D LENTER	NATURE OF INJURY IN ITEA	A 18 PART I OR PA		36 110 [
9	110	UNDERLYING			MONTH DAY YEAR							
7	WEDICAL	21d INJURY OF	G CAUSE OF D		FINJURY (ATHOME.	211 10	CATION					
	MEG	WHILE -	NOT WHILE		PRY, FARM, ETC.)		STREET		CITY OR TOWN	со	YINU	STATE
		22 1 . (	1 11 1	tal	3 1 1 1 1 1		osy X, Inspection				24.	77
			-	e of the remains descr		Ayto			Inquiry L.	and in my ap	Sinian	
М		death resulted	tram: Natur	al couses X	Accident, Sui	icide	, Hamicide	Undet	ermined manner	٠. ا		
		ACTUAL	YX	1			TITLE (SPECIFY)			DATE	0/15	101
6		SISNATURE_	MY	2			A.D. Assistan	T MED	ICAL EXAMINER	SIGNI	8/15	/84
7		EXAMINER'S N (TYPE OR PRIN'		ry R. Kau	ffman, M.D.		ADDRESS 111 P	enn	St.			
	23a. 8	URIAL, CREMATI	ON, REMOVAL 2	3b DATE	23c. NAME OF CEA	AETERY C		23d. LC	OCATION OR TOWN	COU	NTY	STATE
		Burial		8/18/84	Parkwood	d Cer	neterv		ltimore	000		Md.
			OR Bus as 1.1	C Wittel	e Funeral l	lomo	D A 250. DATE		REGISTRAR 256 R	EGISTRAR'S S	IGNATURE	
	16	30 Edmor	dson Ave	enue Caton	sville. Md	21	228 AUG	1 6	1994 tichi	Davidso	n-Rande	182



Eutaw Pl.

(VR A15 ME (5) 20M 4/B2

STATE OF MARYLAND

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within 24 hours offer

### STATE OF MADYLAND

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JIAIL OF MARKELAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

1-	STATE REGISTRAR		DEPARTM		ICATE OF	MENTAL HYG DEATH		G. NO.			
I. DEC	CEASED NAME FIRST		MIDDLE		AST		20 DATE OF DEA		DAY YEAR	2h HOU	R
(TYPE	JOSEPH JOSEPH		Т.	SHRI	VER		August	31,	L984	1:3	OP M
3. SEX		4. RACE		5 DATE C			6 AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	IF UNDER	24 HRS MIN.
	m	N	/	MONTH	24	1914		70 YI	ns l	HOURS	Milly.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	DINEVER	MARRIED -	9 BALTIMORE C	ITY OR COU	NTY OF DEATH		
1	mD.	US	A.	WIDOWE	D	NORCED [	BAL	TO.	CITY		MD.
B	ALTO CITY		HOSPITAL, NURSING CHFACKITY, GIVE STREET A RCH H			SATAL	120. USUAL OCCI	JPATION MOST OF WORKIN	126 KIND C INDUSTRY	F BUSINE	SS OR
13a S	AL RESIDENCE (IF NURSING HOLLOR STATE OUN		GNE RESIDENCE BEFORE 13c. CITY OR TOWN ESSE		13d. INSIDE	CITY LIMITS?	13. STREET ADDR	CIPP	ODE RD	122	1
4.FA	THER'S NAME				15. MOTHER	'S MAIDEN NA					
	ANDREW	SH1	RIVER			ANN	/ /	TAY	LOR		
	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	215-12-0	, ,	BER:			3/C	CIPPER	B	0.
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	(b)	R AS A CONSEQUE								
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATIO			OPERATIO	IN CERTIFYING CAUSES OF				H?		
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	TH HOUR A	OF INJURY .M. MONTH DA .M.	Y YEAR	21c HOW I	NJURY OCCUR	RED (ENTERNATURE)	OF INJURY IN ITEM	A 18 PART   OR PART 2)		
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA		211 LOCAT	ET	ÇII.	ORTOWN	COUNTY		TATE
	22a   certify that (1) this hasp	tall attended th	ne deceosed from_	Augu	ist 20	), 19.84	to Augi	ist 3	19_84_	that (li	ve)lost
	the diagram of live on August 31 19.84, and that in (my) (our) printion death occurred on the date and hour and from the causes stated over the first of the date and hour and from the causes stated										
	Illuso	olia	Kell-		DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P		128 ATE	3/1	84
1 %	174 PHYSICIAN'S NAME INVEST		2		22e ADDRE	SS (		HOSPI'		1	1
10	W. IMPAGLIA	TELLI,	M.D.		100 N	N. BROA	ADWAY I	BALTO	., MD 2	2123	1

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbangape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked at

TO FUNERAL DIRECTOR: After this certificate has been signed by

OR ATTENDING PHYSICIAN:

etoined by the hospital TO HOSPITAL

injury, or other troumotic event, the

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF OWN
CITY OF OWN

236 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIAL PLAC 9/4)
24 FUNERAL DIRECTOR NAME (OWNELLY FUNERAL HOME

300 MACENIE SEP 7 1984 LANGSON PANDER

					177
				BASIL.	
100	14 YE				
8 120		SE 1777 38	Warty-	ere La	
				1. T. / T.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

etoined by the hospital or attending physician

BP.

DHMH - 16 50M 4/83

(VRA 15, 4)

injury, or ather traumatic event,

IMPORTANT: If Hem 21 is marked or Item

FOR STATE

STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	
LAST Too 1	7

REG. N	10.				
20 DATE OF DEATH	MONTH	DAY 79	YEAR QU	2h. HOU	JR •
6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS	ER 1 YEAR DAYS	IF UNDER	

REGISTRAR	CENTI	FICALE OF DEATH	REG. NO.	
I. DECEASED NAME	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2h. HOUR
Nicholas	Ernest SI	GISMONDI	8	2984 A
3. SEX 4. F		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR OF UNDER 24 HRS.
/V/ale	hite No	v. 16, 1920	63	MONTHS DAYS HOURS MIN.
	CITIZEN OF WHAT COUNTRY? 8	ED NEVER-MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
Maryland	USA WIDOW		Rel	to Cell MD
INCITY OR TOWN OF DUMIN 11.	NAME OF HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
baltinge/	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	ud bosp.	retired	Civil Serv.
SUAL RESIDENCE (IF NURSING ) OME OR OTH 130. STATE		13d INSIDE CITY LIMITS?	132 Howard	CODE, 210/1
14. FATHER'S NAME	DIF LAST	15. MOTHER'S MAIDEN NA	ME ~	LAST
Phi li p	Sigismondi	Lucy	MIDDLE	Gurillia
160 WAS DECEASED EVER IN U.S. ARMEI		17 INFORMANT	ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, GIVE WI		Philip B. Sig	gismondi (son)	Glen Burnie, MD
18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BIMMEDIATE C		ndruc Fa	ilune	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH,
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DVLVVIV	mI eslan		
	NOTIONS CONTRIBUTING TO DEATH BU	TNOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART 110
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
OR COMPRESSION CAMER OF STATE	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART T OR PART 2)
OR COMMINGUING CAUSE OF DEATH  (IF EITHER, NOTHY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	ottended the deceased from		, to death occurred on the date on	d hour and from the causes stated

22b. SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

224 PHYSICIAN'S NAME TYPE OF PRINTS 22e ADDRESS

230. BURIAL, CREMATION, REMOVAL Oremation 13 Date 1984 Security Process Inc. "Catonsville, Balt.

74. FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 251, REGISTRAR'S SIGNATURE
SFP 4 1081 Guha Davidson Bydate SFP

Singleton Funeral Home.

Glen Burnie, MD

Phi li p NO XXXXXXXX CELEVER SERVICE CONTRACTOR OF THE PROPERTY OF THE ept. 198

				STATE OF MARYLAND		
18	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	780
		CEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH DA	YEAR 26. HOUR
	I YPPE	PEAT	RICE R. S	SILVA	AUGUST 25, 19	84 12:01wan
	3. SE:	X	4. RACE	5. DATE OF BIRTH		FUNDER LYEAR IF UNDER 24 HRS.
	F	emale	Black	11 22 12	71 YRS	ATT TOOKS MAN.
1		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
155		aryland	U.S.A.	WIDOWED DIVORCED	BALTIMORE CIT	Y MD.
33		ITY OR TOWN OF DEATH	(IF NOT IN SUCH FAGILITY, GIVE STREET	LOCDIMAT	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
ed State	130. 3	At RESIDENCE (I NURSING HOME C STATE 13b. COU aryland		VN 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 1427 E. Feder	-1 C+ 21212
Sminer/		ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA		al St.21213
medicol exom		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	Fannie URITY NO. 17 INFORMANT	ADDRESS	Harris
or other troumotic event, the		Conditions, if ony, which gove rise to immediate couse  0 , stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF AS A CONSEQUENC	ARREST ony Failure	dent	Sommers  30 minutes  5 days
s ony injury	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
them 18 show		210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF D  LIF EITHER NOTIFY MEDICAL EXAMIN			YES NO YES	
edor	MEDICAL	214 INJURY OCCURRED  WHILE ON THE NOT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE,		CITY OR TOWN	COUNTY STATE
them 21 is mort		sow the deceased alive a	pital) attended the deceased from an att view the bady after death.	211	deoth occurred on the date and hour	9
) <u></u>		Am	The court of	ATTENDING PHYSICIAN		8/25/84
PORTANI			ACLOCH	601 CONTRACTOR OF STREET	HOPKINS HOSPI	TAL MORE IND

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the should be detached for use as the burial-transit permit. Then please remove carbanpapel with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

poge 3

ond 2 should be filed

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL BURIAL

Mount Calvary Cem.

23c. NAME OF CEMETERY OR CREMATORY

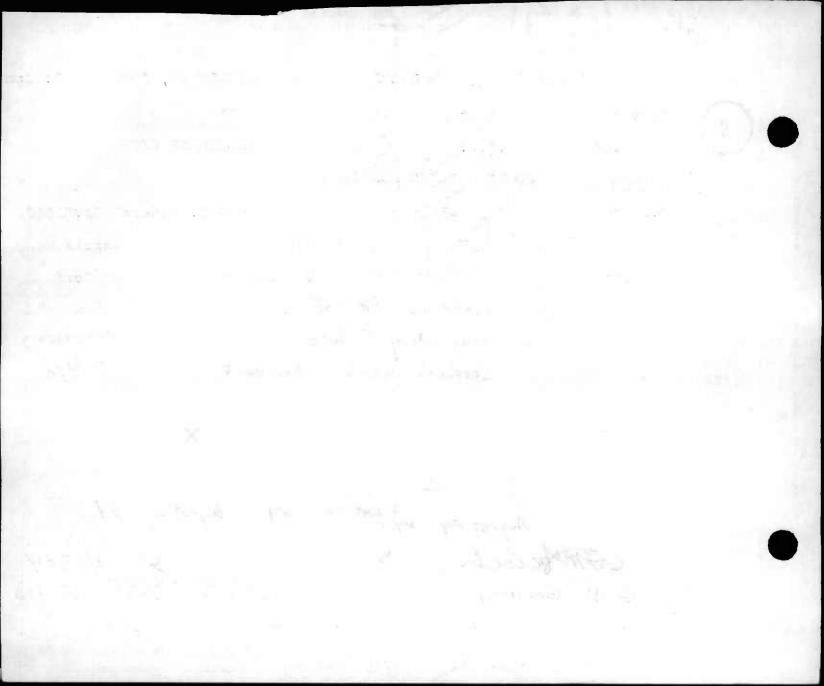
Wm C March F/H Inc. 1101 E North Avenue

23b. DATE 8/30/84

23d LOCATION
CITY OR TOWN

- Anne - Arundel - Co.

2 Mary St. Registral Ssichlarber



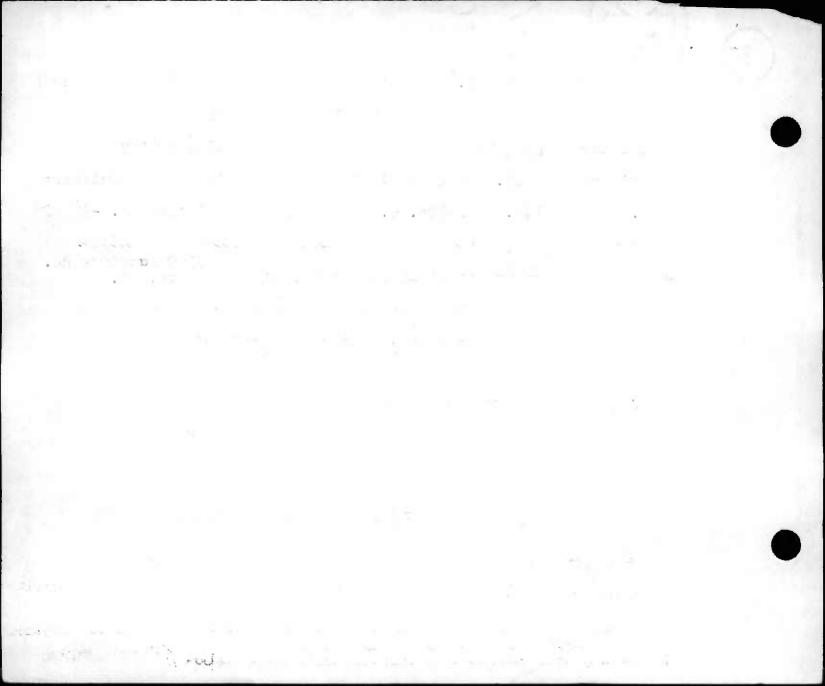
FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTIFICATE OF DE	A111	REG NO	
1. DECEASED NAME FIRST	WIDDLE	LAST	2a. D/	ATE OF DEATH MONTH	DAY YEAR 26 HOUR
0171	E.	Simmons		8	6 81 8:26PM
3. SEX	4. RACE	5. DATE OF BIRTH		E (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
FEMALE	WHITE	MONTH DAY	O3	87 y	MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED   NEVER MA	_ P BAI	TIMORE CITY OR COL	
Kentucky	USA	7.0	RCED B	altimore	City MD.
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	RSING HOME OR OTHER INSTIT	UTION 12a U	SUAL OCCUPATION	126. KIND OF BUSINESS OR
Baltimore	St. Agnes	Hospital		of work for most of work! etired	Hutzlers
USUAL RESIDENCE (IF NURSING FOME	OR OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)			
	alto. Balt			REET ADDRESS / ZIP (	_
M FATHER'S NAME		15. MOTHER'S A	AAIDEN NAME		D LOCK II LE LE LE C
Louis	W. Gentry	Zor	sτ •α	Ellen	Coleman
(YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIALS			9359	Penridge Rd.
No	213-3	1-1570 Shirl	ev Simm	ons Balto	Md.
18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b) SED BY:	, ond ic:	^	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ATE CAUSE 10) Caroli	o Respiratory	, and	est	
	DUE TO, OR AS A CONSE	,	,		
Conditions, if ony, which	( B) Post	Mus andial	inter	retion.	
gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	0	U		
underlying cause lost	DUE TO, OR AS A CONSE	QUENCE OF			
PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	O THE TERMINAL D	ISE ASE OR CONDITION	GIVEN IN PART 110
& Comanti	12 Heart	Tailure	,		
19a. DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORA	AED 200		IF YES, WERE FINDINGS USED
TE.			YES		YES NO
19a. DATE OF OPPRATION  21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RY OCCURRED (E	NTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
		DAY YEAR			
OR CONTRIBUTING CAUSE OF  (IF EITHER NOTIFY MEDICAL EXAM)  21d INJURY OCCURRED	71e PLACE OF INJURY	21f LOCATION		CITY OR LOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFF	ICE FARM ETC ) STREET		CITTORTOWN	31811
	spital) attended the deceased fro	m 7/5	19 <b>84</b> to	7/12	. 19 84 that   I) (we) lost
saw the deceosed olive	on 7 2 2 1	9 84 ond that in (my) (o	ur) opinion death c	occurred on the date one	d hour and from the causes stated
276 SIGNATURE	non view the body offer deons.	DEGREE			22c DATE SIGNED
Rantat	Giras		TENDING MED	CTOR PHYSICIAN	1
224. PHYSICIAN' DI AME (TYP	E OR PRINT)	27e ADDRESS			
Raafat	Y. Girgis	84.	Agne	· groth s	Baltimore
23a BURIAL, CREMATION, REMOV	AL 23b. DATE 2	13¢ NAME OF CEMETERY OR CR		LOCATION	COUNTY STATE
(SPEC#Y)Burial	8-10-84	Lake View Mem.	Park	Eldersburg	Carroll Marylan
24 FUNERAL DIRECTOR LOTTY	g Byers Funeral	Directors, Inc	25a. DATE REC'E	D. BY REGISTRAR 256 RE	EGISTRAR'S SIGNATURE
8728 Liberty Roc	d Randallstown	, Maryland 211:	33 AUC 1	0 mod	1 Andrew Gandale

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or ather troumatic event, th



FOR STATE REGISTRAR	DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	2 1	18	2	
1. DECEASED NAME FIRST DYPE OR PRINT!	J.			te. Diviz O. Dziviii.	)8 12		3 28 PM	
3. SEX Female	Black	96K 5. DATE OF BIRTH  MONIH DAY YEAR  06 27 1945		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24)  NONTHS DAYS HOURS N				
70. BIRTHPLACE (STATE OREOREIGN 76. COUNTRY) MD	CITIZEN OF WHAT COUNTRY?	Y? 8.  MARRIED NEVER MARRIED WIDOWED DIVORCED		Baltimore City OR COUNTY OF DEATH  Baltimore City			MD	
Baltimore City (	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH EACILITY, GIVE STREET) ASV ROSSITY of	ADDRESS) Mary		12a USUAL OCCUPATION OF OF WORK FOR MOST OF COMP 1 5 7 8	F WORKING LIFE		BUSINESS OR	
USUAL RESIDENCE IN NURSING HOME OR OTH 130. STATE 136 COUNTY			134. INSIDE CITY LIMITS?	305 Bru	. /	T. 2	122	
14. FATHER'S NAME  EIRST  MOIT A C C	Mc Cr	07	15 MOTHER'S MAIDEN NAM	WIDDLE		LAST	- 4	
160 WAS DECEASED EVER IN U.S. ARME 145, NO OR UNKNOWN) IF YES, GIVE W			CONA BOWS	er 305	N. B	ruce	ST.	
18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Candia		Arrest				NSET AND DEATH	
Conditions, if ony, which ( b) Respiratory Failure						18 hrs		
gove rise to immediate couse (a), stating the underlying couse last.	Due to, or as a conseque		ma of Lung	Metast	atic	4 ma	onths	
PART 2. OTHER SIGNIFICANT COM	nditions <u>contributing to </u>	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVE	EN IN PART 110		
Anenia  19a DATE OF OPERATION  19b CONDITION FOR WHICH OF  21a ACCIDENT WAS UNDERLYING   21b TIME OF INJURY			N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO		
21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH USE BITHER, NOTIFY MEDICAL FRAMINER) 21d. INJURY OCCURRED	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR							
ZId INJURY OCCURRED  WHILE NOT WHILE AT WORK	ZIE PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE	
22a I certify (hot (I) (this hespital) sow the deceased allow on phase (I) (ma) (did not) v	8/12 198	8 / 4	d that in (my) (aux) opinion o	death occurred on the de	*		not (I) (we) lost ouses stoted	

TO FUNERAL DIRECTOR: After this certificate has been MPORTANT: If Hem 21 is marked or Hem 18 shows any should be detached for use as the b etoined by the hospitol or

jury, or other troumotic

i the burial-transit permit. Then please remove cort and Mental Hygiene prior to burial, cremation, or

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 24 FUNERAL DIRECTOR

Allan

22d PHYSICIAN'S NAME (TYPE OR PRINT)

226 SIGNATURE

DEGREE

22e ADDRESS

ATTENDING

22 5.

MD

MO

Walker

23d LOCATION
CITY OR TOWN
BAITO

MEDICAL

DIRECTOR [

Greene St.

COUNTY

Hospital

22c. DATE SIGNED

12/84

21201

STAFF

The second of the Course of the Course of the

No.

	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIÑ CERTIFICATE OF DEATH

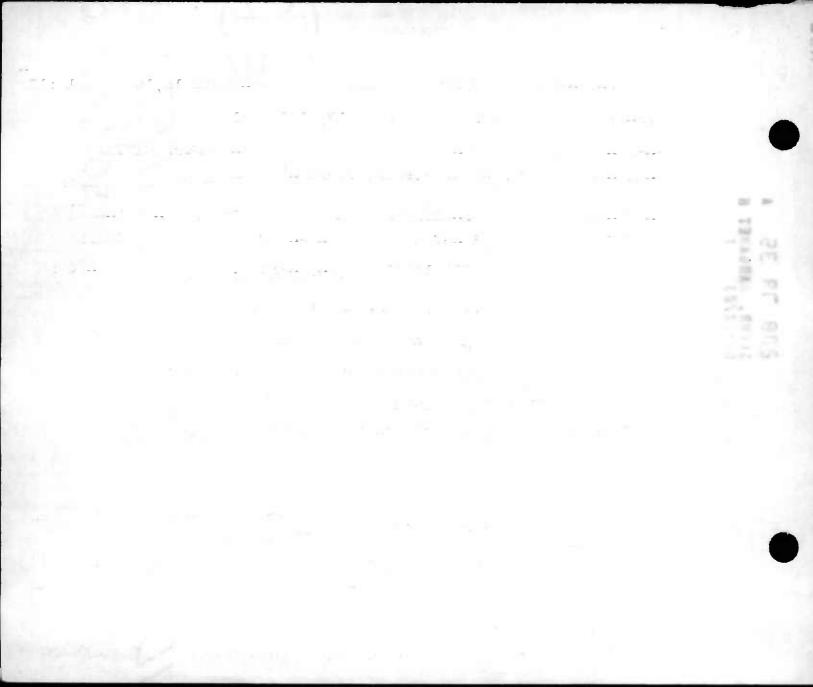
	314	IL OI	144	WELL	AND	. 3
DEPARTMEN	T OF	HEAL	HT.	AND	MENTAL	HYGIENE
C	ERT	IFIC/	ATE	OF	DEATH	

2	1	1	8	J
60	9	2	0	9

1	1 -	STATE REGISTRAR		DEPAKIN		ICATE OF DI	EATH	REG I	NO.			
ı		EASED NAME FIRST	A	MIDDLE	£.	AST		20 DATE OF DEATH		DAY YEAR	26 HOUR A	
	{TYPE	MARGARET		HELEN	5	KUHR		AUGUST			10:124	
	3. SEX	1 12	4. RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST E		IF UNDER I YEAR	#FUNDER 24 HRS HOURS MIN.	
-		EMALE	WHIT		JUI		1923	61	YRS			
1	7a. BIF	OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	B. MARRIEI	NEVER M	ARRIED 🗆	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
		ARYLAND		USA	WIDOWE		ORCED 🗌	BALTIMO		TY	MD.	
2		Y OR TOWN OF DEATH		OHNS HOL				120 USUAL OCCUPA (TYPE OF WORK FOR MOST Homemake)	OF WORKING LIFE	INDUSTRY	ONE.	
5	USUA 13e. S	L RESIDENCE (IF NURSING HOME OF TATE 13b. COUR		13c. CITY OR TOW		13d. INSIDE CIT		13e.STREET ADDRESS			21220	
4		ARYLAND		BALTIMO	DRE		NO 🗌		HNAL	ROAD	21229	
2	14 FA	GÜY GÜY	MIDDLE	STANTON		15 MOTHER'S MA	ÄĞARET	WIDDLE		SQUIR	ĖS	
1	16a W	WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)							AI	BOVE		
-1		18 CAUSE OF DEATH (Enter or	nly one couse per	line for (a), (b), and	lic=					BETWEEN	MÁTE INTÉRVAL ONSET AND DEATH	
1		PART I, DEATH WAS CAUSE IMMEDIA	:D BY: TE CAUSE (0)	CARDIO PI	ULMO	NARY	FAILUR	LE	_			
		Conditions, if ony, which		R AS A CONSEQUE	NCE OF	HENOR	2RHAC	3E		48	Hours	
		gove rise to immediate couse (a), stating the underlying cause lost:  DUE TO, OR AS A CONSEQUENCE OF UNLYAR CARCINOMA							25	25 YEARS		
	NOI	PART 2 OTHER SIGNIFICANT		HRUMBOS		NOT RELATED	TO THE TERMI	nal disease or co	NDITION GIVI	EN IN PART 10	)	
1	CERTIFICATION	3 JAN 1984	196 CONDI	ULVAR CARCINOMA							RE FINDINGS USED CAUSES OF DEATH? NO	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	APH	M. MONTH DA	Y YEAR	21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART I OR PART 2)		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE			21f LOCATIO	N	CITY OR	rown	COUNTY	STATE	
		270 i certify that (I) (this hasp sow the deceased alive or above, (I) (we) (plid) (did no			9 AU		, 19	to 6 A	dote and hour		that (I) (we) lost couses stated	
		obove, (I) we ((PidV) (did not) view the body offer deoth.  27b. SIGNATURE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								8/16	SIGNED 84	
		JON J. BE		ONI, M	D	JOHNS	HOPKIN	IS HOSP., C	BAURO.	Jus.	21205	
		URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR C	REMATORY	23d LOCATION		COUNTY	STATE	
		Remova1	8/16	/84					-T			
	24. FU	NAME Anatomy B	oard	ADDRESS	Balto.	., Md.	AUG	REC'D. BY REGISTRA	R 250 REGISTI	BAR'S SIGNAT	ure	
							1100	4-1007	1			

DHMH - 16 50M 4/83 (VRA 15, 4)

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20M 4/B2

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			Service Contract
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Carlo March	RELIES CALL	and that the	
-			
		1967 3	
			1 3 1 1 1

Wm C March F/H Inc. 1101 E North Avenue

MIDDLE

FOR

REGISTRAR

EIRST

DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 2n DATE OF DEATH 26. HOUR D 1984 9:05 IF UNDER TYEAR IF LINDER 2 LMPS 9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12h KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFE! 13e STREET ADDRESS / ZIP CODE 4211 Springdale Ave.21207 Lawrence Smallwood 4211 Springdale Av 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] COUNTY STATE 34. and that it (my) (our) opinion death occurred on the date and have and from the causes stated 22c DATE SIGNED

Md.

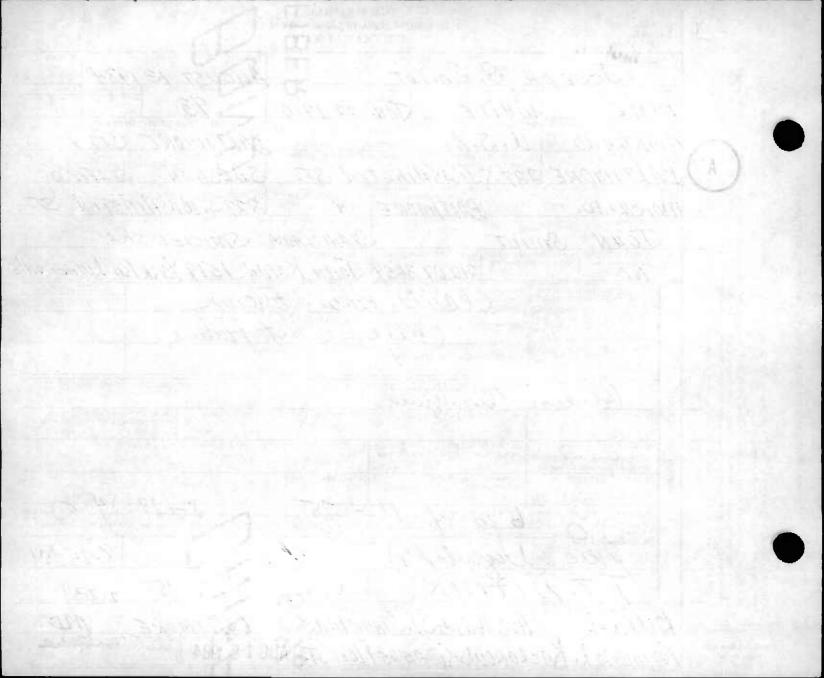
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or ottending physician.

## STATE OF MARYLAND

70	FOR STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH  REG. NO.								
		FIRST	LAST	20. DATE OF DEATH MON	TH DAY YEAR 76 HOUR						
	3. SEX	EPH O, OM	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 H						
	mile	11/4/70	MONTH DAY YEAR	72	MONTHS DAYS HOURS M						
126	70. BIRTHPLACE (STATE OR FOR	EIGN 76 CITIZEN OF WHAT COUNT	TAN. 22 1910	9. BALTIMORE CITY OR CO	OUNTY OF DEATH						
2	MARYIANA	11.5.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	RAITIMA	DE CITY						
es à	10 CITY OR TOWN OF DEATH		IRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS						
100	BALTIMOR	PE 2275.WAS	HINGTON ST.	SALESMAN	PKING LIFE) INDUSTRY						
B.5		G HOME OR OTHER INSTITUTION, GIVE RESIDENCE B		13 STREET ADDRESS / ZJI	SHINGTON SI						
ije	14 FATHER'S NAME		15. MOTHER'S MAIDEN N	AME							
\$00	JOHN	SMIDT	STANISLAW	A SMICKE	WSKA IAST						
	168 WAS DECEASED EVER IN	U.S. ARMED FORCES? 166 SOCIAL S	SECURITY NO. 17. INFORMANT	ADDRESS	1 0 1						
medicol	NO	2120	93659 JOHN KO	TUN. 1519 10	RKKO LUTHER						
the,	18 CAUSE OF DEATH	Enter only one couse per line of the	registers () ()	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DE						
- Neu	PART 1. DEATH WAS	CAUSED BY:  MEDIATE CAUSE (0)	we keen. E	Louis							
injury, or other	PART 2. OTHER SIGNIF	les Chyly	TO DEATH BUT NOT RELATED TO THE TER								
Gows on	190 DATE OF OPERATION	IN TONDITION FORWH	HICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO						
18 Sh	00.00.00.00.00.00	LIQUID A M. MONITUL	DAY YEAR 216 HOW INJURY OCCU	PRED (ENTER NATURE OF INJURY IN	ITEM IS PART T OR PART ?)						
E 4	(IF ETTHER, NOTHY MEDICAL	EXAMINER) P.M.	19								
o p	21d. INJURY OCCURRED	LAT HOME STREET EACTORY OF	FICE, FARM ETC.)  211. LOCATION  STREET	CITY OR IOWN	COUNTY STATE						
orke	AT WORK			9	13 54						
Si Si	7	his hospital) arended the deceared fr		n dooth accurred on the date of	and hour and from the causes stated						
E 21		(Idid not) view the Wody ofter death.		in death accorred on the date of							
ANT: If he	1 hue	Wyule.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	PALE SIGNED						
PORT	278. PHY SICIAN'S NAM	E (TYPE OR PRINT) PNIK	ne ADDRESS 429 S	Chestert	91231						
W	236. BORIAL, CREMATION, RE	MOVAL 23 DATE AUG. 16,1984	23- NAME OF CEMETERY OF CREMATORY	BAITIMA	RE COUNTY MD						
4/83	24 FUNERAL DIRECTOR	KANTARALICKÓPRI	ESS 2 = 2 = F/F 67 P 150. DA	ATE REC'D. BY REGISTRAR IN.	REGISTIANS SIGNATURA						

DHMH - 16 50M 4/83 (VRA 15, 4)



filled in by the funer

requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician.

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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P.			

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Sing	600	3		C	

	1-	FOR STATE REGISTRAR	DE		LTH AND MENTAL HYO ATE OF DEATH	GIENE REG. NO	olima 6 f		
	I DEC	EASED NAME FIRST	WIDDLE	LAST			MONTH DAY YE	AR 2b HOUR	_
		ORPRINT) Calvin		SMI	ey	O DEATH	8 30 8		M
	3. SEX		4 RACE	5. DATE OF B		6. AGE (IN YEARS LAST BIR			
		07	W	03	FO 40	F	+ YRS	DAYS HOURS MIN.	
1	70. BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY?	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	H	
2		ARYLAND	USA	WIDOWED		Baltin	ure Ce	ty MI	D.
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (# NOT IMSYCH FACILITY) GIV	E STREE (ADDRESS)	other institution	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUS		2
5	USUA 13a. S	TATE		R JOWN 113	INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE 5T. S.	31064	7
2	JA FA	THER'S NAME Rubert	MIDDLE SUL	istey 15	MOTHER'S MAIDEN NA	AME	Bei	EZEQ	
5		AS DECEASED EVER IN U.S. AR		L SECURITY NO. 17	INFORMANT	ADDRE	SS	06	-
4	NO		E WAR OR DATES) ZIL 0	3 5422	delree	3001 S. 14	annuer	Bolt.	_
		18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSE) IMMEDIAT	D RV	(b), and (c)	1 avre	st	BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH	_
ì		Conditions, if ony, which	DUE TO, OR AS A CON		arrest				_
		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CON	ISEQUENCE OF	cordio	mycpat	hy		
	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	NG TO DEATH BUT NO	T RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN PA	RT 110	_
1	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION V	VAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CAL YES [7]		_
3		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LICING A AL ALCOHIT	TH DAY YEAR	IC HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUI			
7	₹	(IF EITHER NOTIFY MEDICAL EXAMINER	3111	19					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY,		II LOCATION STREET	CITY OR TO	WN COUN	TY STATE	_
	Σ	AT WORK AT WORK	TALLIONE STREET, FACTORY,	OFFICE, PARM, CICY	1.1.1	1	1		
		776.1 certify that (I) (this haspit	tal) attended the decepted	mon 5/2	4 84 19	10 8 30	84 10	that (f) [we] las	r
		saw the deceased give on, above, (1) (we) Jella (did not	0/30/84	and 1	hat in (my) (our) opinion	death occurred on the de	ate and hour and from	n the couses stated	
		THE STONATURE	- m		ATTENDING PHYSICIAN	MEDICAL STAI	FF C	DATE SIGNED	_
		22d. PHYSICIAN'S NAME-LARRED	R PRINT)	2	2e ADDRESS			0.0	_
		D. de Pre	2e		3001 S.	Hanno	ver Ba	It mo	,
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEM	ETERY OR CREMATORY	23d LOCATION	COUNTY	STATE	-
	Bu:	rial	9-4-84	Parkwood	Cemeterv		Baltimor		

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pagei with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or ather traumatic event, the

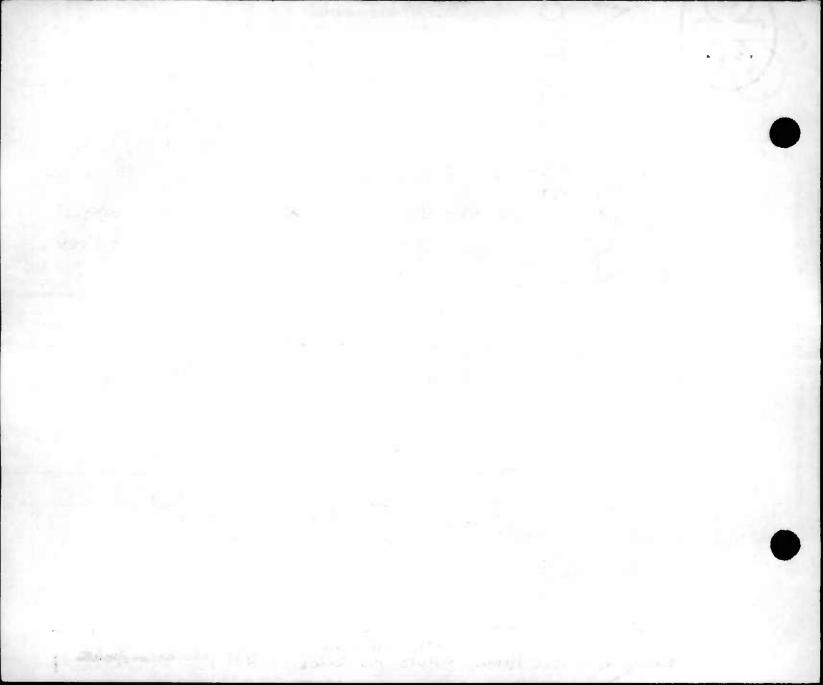
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR ASSAHN

FUNEEN

BAUTS

50. DATE REC'D. BY REGISTRAR 250 REGISTRAR



20M 4/82

1-5	OR TATE EGISTRAR				STA MENT OF EXAMIN		AND M	ENTAL H			REG. N		1	8 8	
I. DEC	EASED NAM OR PRINT)	-		MIDDLE			LAST		20	DATE K OF DEATH	NOWN [	MONTH	DAY	YEAR	26 HOU
3 SEX		ARIM:	INIA		6. AGE (IN Y		MITH DER 1 YR.	Trempen	0.4.1105		MAIED 1	8 L	4 DAY	19 84	
			MONTH DAY	YEAR	LAST BIRTH	MONTH		IF UNDER		ONOUN	CED	WOINTH			2d HOU 11:3
	male	Black	6 10	06		rs.				DEAD	ARE CITY O	8	5	19 85	l a
Ma	rylar.	nd	U.S.	A .		WIDOW	ED 🗆	VER MARRIE DIVORCE	D	Balt	imore	Cit	У		N
10. CIT	Y OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NE	JRSING HOW STREET ADDRESS)	E, OR OTH	ER INSTITU	NOITI		L OCCUP ST OF WORK	ATION (TYP	E OF WORK	12b. K	IND OF BU OR INDUST	
	altimo		501 E.	Pres	ton St										7.50
USUAL 130. ST.		(IF IN NURSING HOME	OR OTHER INSTITUTION, GI		Y OR TOWN	ION)	13d INSIDE	TIEV LIMITS?	13e STREE	I ADDRES	SS				
Ma	rylar	nd			ltimo	re	YES 🔀	NO 🗌			Pres	ton	st	21	202
14. FA1	THER'S NAM	E	WIDDLE		LAST		15. MOTH	ER'S MAIDE			ODLÉ			LAST	
	Emmau	iel	move	/S	mith		Aı	uaust	us	64/16			Sm	ith	
16a. W.		DEVER IN U.S. AF	RMED FORCES?		CIAL SECURI	TY NO.	17 INFOR		-		ADDRESS	5	19211		
	knowr		E WAR OR DATES)	21	2-32-	5462	Sara	IOH e	vebi	12	Fact	33	rd	Stre	at
			nly ane cause per line			3402	1001	1101	raay	14	павс		1	APPROXIMAT	E INTERVAL
CERTIFICATION		FOPERATION	( (c)		ATEO TO THE TER				T I re				20	AUTOPSY	?
ERTIFI	21a EXTERN	AL CAUSE WAS	21b. TIME OF			21c. HC	)W INJUR	/ OCCURRED	) (ENTERNAT	URE OF INJU	IRY IN ITEM 18	PART 1 OR F		YES 🔲	NO K
CALC		ING CAUSE OF			19	R									
A B	WHILE AT WORK	OCCURRED  NOT WHILE   AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  21f LOCATION STREET CITY OR TOWN CO							OUNTY		STATE			
	death result ACTUAL SIGNATURE EXAMINER'S ITYPE OR PRI	Ann	ge of the remains des	Accident	□. s	Autop	TITLE (S	Inspection cide , specify) istant	Undetern MEDICA	Inquiry mined mai	nner		8- 8-		2012
230.BU	TIAL, CREMA URIAL	ATION, REMOVAL	23b. DATE 8/9/84		NAME OF CE rbutu				23d LOCA Ar	butu	ıs,	co	UNTY	Md.	TATE
230. BU B 24 FU	EXAMINER OF PRICE OF	ATION, REMOVAL	LEADING THE PROPERTY OF THE PARTY OF THE PAR	23c. A:	name of ce rbutu	s ME	ADDRESS R CREMATI	111 Pe	enn St	., B	alto.	ISTA	Md co	Md.	county Md S

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the furshould be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

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injury, ar other traumotic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

## STATE OF MARYLAND

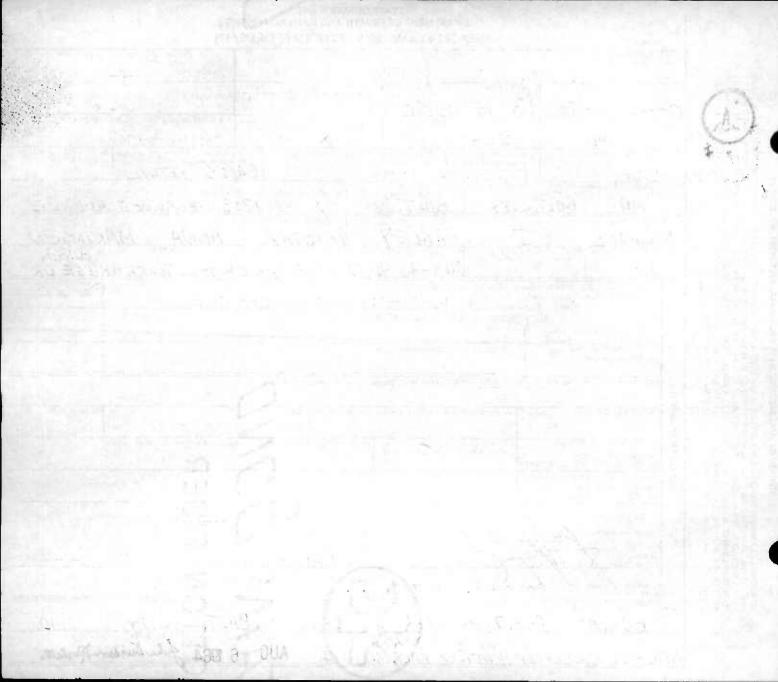
-1 <b>-</b>	FOR STATE REGISTRAR			DEP	ARTMENT OF H CERTIF	EALTH AND			REG. NO.				
	CEASED NAME OR PRINT)	FIRST		MIDDLE	L.	AST		2a. DATE OF DE	ATH MOR	AIH C	YEAR	26 HOUR	_
		Cather	ine		Sm	ith		Aug	ust 1	3.	1984		М
3. SEX			RACE	5000	5. DATE O		YEAR	6 AGE (IN YEAR	S LAST BIRTHDA	(Y)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	Female		Bla		10	24	97	86		YRS.	DATS	HOURS MIN.	3
	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUN	TRY? 8.	NEVER	MARRIED -	9. BALTIMORE	CITY OR C	OUNTY	OF DEATH		
	MD			USA	WIDOWE		VORCED [	Baltin	more	Cit	v.	М	ID.
10 CI	TY OR TOWN OF DEA	тн 11.		HOSPITAL, NU TH FACILITY, GIVE S	JRSING HOME O	R OTHER INS	TITUTION	12a USUAL OC		ORKING LIFE		F BUSINESS OF	R
	altimore	7 J. F.	4503		ax Roa	d						2	
USU/	AL RESIDENCE (IF NURS	136 COUNTY		136 CITY OR		13d. INSIDE O	ITY HAITS?	13e. STREET ADI	DRESS				
Ma	arvland				imore	YES 😼	NO 🗌		Fairf	ax	Rd. 2	1216	
	THER'S NAME					15 MOTHER	S MAIDEN NA						_
	Calvin	MIDI	DIE	Moor		Ma	rtha	N	AIDDLE		LA	57	
16a V	AS DECEASED EVER	IN U.S. ARMEI	D FORCES?		SECURITY NO.	17 INFORMA			ADDRESS				-
()	(ES NO OR UNKNOWN)	(IF YES, GIVE W.	AR OR DATES)	219-0	1-7260	Edwa	d Smi	th 450:	3 Fai	rfa	x Rd.		
NO	Conditions, if any, gove rise to imm cause (a), statin underlying cause	which nediote g the last.	DUE TO, O  (b)  DUE TO, O  (c)	RAS A CONS RAS A CONS ONTRIBUTING	EQUENCE OF	NOT RELATED	TO THE TERM	NINAL DISEASE O	r conditi	ON GIVI	EN IN PART I	0)	
CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WI	HICH OPERATION	WAS PERFO	RMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NOT YES NOT NOT					
ERT	210. ACCIDENT WAS UND	DERLYING	216. TIME O	F INJURY		21c. HOW IN	JURY OCCUR	YES N					-
0 1	OR CONTRIBUTING			-	DAY YEAR			(Eliteria)					
CA	(IF EITHER NOTIFY MEDIC		P. 21e. PLACE		19	21f. LOCATI	201						_
MEDICAL	WHILE NOT WH	ILE		REET, FACTORY, OF	FICE, FARM, ETC.)	STREE		· ·	ITY OR TOWN		COUNTY	STATE	
	220.1 certify that (1)		attended th	e deceased fr	am_ 8	- 3	19 78	to_ 8	- 15		100	that ( (we) to	st
	sow the decease				1984, on	d that in (my	Cour Depinion	deoth occurred o	n the date	and hour	and from the	couses stoted	
	above, (1) (we) (c 27b. SIGNATURE	ria) (ala nat) vi	iew the bady	atter death.		DEGREE					22c. DATE	SIGNED	
	1, 0	210	resi	202	4		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	0	8-1	1-84	
(	22d. PHYSICIAN'S NA	AME (TYPE OR PR	INT)	1,00		22e. ADDRES	-	J DIKECTOK []	THISICIAL		0 /		-
	Louis	J. 1	Dom	44161	1745	800	Buda	wh He	1 /	Bu 1	4 / nul	121216	P
	URIAL, CREMATION,	REMOVAL	23b. DATE	I	23c. NAME OF C	EMETERY OR	CREMATORY	23d. LOCATIO					=
(	Burial		8/17/	/84	Baltim	ore M	at 11	Balt.	imor	e	COUNTY	MD STATE	
24. FU	INERAL DIRECTOR				W. W. A.		25a. DAT	E REC'D. BY REG		REGISTI			_
WI	n C <sup>ME</sup> March	r F/H	Inc.	1101 <sup>DDR</sup>	E Nort	h Ave	nue [	AUG 14	1984	Julia	Davidson	- Aunder	6

DHMH-16 30M 2/80 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the othending physician and campletely filled in by the furshould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages | and 2 shauld be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumatic event, th

IMPORTANT: If them 21 is marked or them 18 shows any

may be

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND CERTIFICATE OF		REG. NO.		
		CEASED NAME FIRST EDU	JARD MIDDLE	Sm ITT	1 20.	P-23-84	NTH DAY YEAR	3 44 M
	3. SE X	MALE	A. RACE BLACK	5. DATE OF BIRTH	YEAR	GE (IN YEARS LAST BIRTHD.	MONTHS DATS	
3	Vi	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	- Mary	MARRIED U	Baltimore City <u>or</u> C	e City	MD.
5	B	ALTI MORE	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH POLITY, GIVE STREET)  SOUTH SALTIMO	RE GENERAL		USUAL OCCUPATION PE OF WORK LOS MOST OF W  BARBE	ORKING LIFE) INDUSTRY	OF BUSINESS OR
	130. S		R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134. CITY OR TOWN	N 13d. INSIDE	CITY LIMITS? 13.	STREET ADDRESS	ino Rd	21225
1	14. FA	SOHN	MIDDLE SMITT	74 M	ARY	EMMA	SA	mple
		YES	VE WAR OR DATES) 21807	0095 Malo		h 2751 Re	ound Road	
		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), one ED BY:  ITE CAUSE (b) REVAL  DUE TO, OR AS A CONSEQUE	- tai luke	1,	/	BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
	S. 10.15	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DIABETE DUE TO, OR AS A CONSEQUE	J MEL	LITUS, H	4 per Texs	·~	
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D		D TO THE TERMINAL	L DISEASE OR CONDIT	ON GIVEN IN PART 1	la
)	CERTIFICATION	190 DATE OF OPERATION	Adenocarcina	operation was perf	on	YES NO	Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES []	
)	MEDICAL CE	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	R) HOUR A.M. MONTH DA	AY YEAR 19		(ENTER NATURE OF INJURY IN	LITEM 18 PART ( OR PART 2)	
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FI		ION ET	CITY OR FOWN	COUNTY	STATE
		saw the ofceased alive on above (	pital) attended the deceased fram		y) (our) opinian deat	to		
		224 PHYSICIAN'S NAME (TYPE O	iel Verberg	DEGREE  M.D.  122e ADDRE	PHYSICIAN   DI	EDICAL STAFF RECTOR PHYSICIAN	- 01	23/84/
		DANIEL	WENBERG	35	3001	South H	anover S	TREET
		iurial, cremation, removal Specify) BURIAL		NAME OF CEMETERY OR	CHEMICION	Crownvil	le,	Md.
1	24. FU	INERAL DIRECTOR		7.3		C'D. BY REGISTRAR 256		

DHMH - 16 50M 4/82 (VRA 15, 4)

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Wm C March F/H Inc. 1101 E North Avenue

AUB 2 7 1984 Julia Savidson Randelle

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FOR STATE

## STATE OF MARYLAND DEPARTN

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	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	).		
	CEASED NAME	FIRST	A	MIDDLE	ı	AS1	20. DATE OF DEATH	MONTH D	AY YEAR	2h HOUR
(TYPE	ERI	VES	T	5MI	TH		8/11/8	4	Speri	9 = PM
3. SEX		4	RACE	31 P 31 B	S. DATE C	Day: 28th	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
	MALE		WIT	リナモ	MONTH	8/1914	70	69 <sub>YR5.</sub>		NOURS MIN.
	RTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUNTRY	(? B.	D X NEVER MARRIED	9 BALTIMORE CITY O	_		
W.	Virginia		U.S		WIDOWE		Bal	to. C	ity	MD
10 CI	TY OR TOWN OF DEA	TH 1				OR OTHER INSTITUTION	12a USUAL OCCUPATION		12h KIND O	F BUSINESS OR
13	ALTIM OI		SIN		05 P17	TAL	RETIRE	0	Pri	nting
	AL RESIDENCE IN NURS	13b. COUN		13c. CITY OR TO		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
1	MD		LT	MAL		YES NO		AUD	REY	21225
14. FA	THER'S NAME		NODLE	LAST		15. MOTHER'S MAIDEN NAM	ME			
	Jake	10	WOOLE.	Smith		Myrtle	MIDDLE		Smith	
	VAS DECEASED EVER	IN U.S. ARA	AED FORCES?	166 SOCIAL SEC	CURITY NO.	17. INFORMANT	ADDRE	SS	JIII GII	
L	YES, NO OR UNKNOWN)	WWI	WAR OR DATES)	232-05-	-5980	Mrs. Edith S	Smith - Same	as #	13	
	18 CAUSE OF DEAT	H (Enter only	y one couse per	line for (a), (b), a	and (c).)				APPROX	MATE INTERVAL
	PART I. DEATH W		BY: CAUSE (a)	CARDI	O- PES	P FAILURA	E - APPL	557	-	
	E. 545 F. 12	WONEDIAL		R AS A CONSEO	LIENICE OF			- 1		White out of
	Conditions, if any,	which	()	ASP1847	TION	PNEUMONIA.	- ARRYTH	MA	-	
	gove rise to imn	nediate	) (0)_		***				1000	
	cause 10), stating the DUE TO, OR AS A CONSEQUENCE OF Underlying cause last.									
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO									
Z	La of the liver of									
CERTIFICATION	190 DATE OF OPERAT	TION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20g AUTOPSY?		, WERE FINDIN	NGS USED
IFIC	7/26/	PLL	Bx	Brain	man	1 lesion.	VES TO NOT	IN CERTIFY	YING CAUSES	OF DEATH?
ERT	210. ACCIDENT WAS UND	ERLYING	21b. TIME O			21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI			1.10
	OR CONTRIBUTING	AL OF DEAT		1/	DAY YEAR		ACA			
MEDICAL	214 INJURY OCCUR		P.I		19	211 LOCATION	NA			
MEC	WHILE A	20		PEET, FACTORY OFFICE	E MEN EIC)	STREET	W. A. CITY OR TO	AN	COUNTY	STATE
	AT WORK XI WOL	7 -		10 /			NA		4	
	22s. I certify that (1)		ol) ottended the	e deceosed from	Kus	124 19 84	10 5/11			that (I) (we) last
	obove, (I) (we) (c		view the body	after death	0 9 , 01	nd that in (my) (our) apinion (	death occurred on the do	ite and hour	and from the	couses stated
	226. SIGNATURE				RIV.	DEGREE			224 DATE	SIGNED
	F. De	2/10	don	5		ATTENDING PHYSICIAN	MEDICAL STAF	IAN	8/1	1/850
	774 PHYSICIAN'S NA	TYPE OR	PRINT)		FLEX	22e ADDRESS				
11	F. DE	EL 6.	ADO			SINAI	11044			
	BURIAL, CREMATION,	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	77/4		
1	Remov Remov	al	8/12	/84			CITY OR TOWN		COUNTY	STATE

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar ottending physician

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the shauld be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 should be filled with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar remayol.

IMPORTANT: If them 21 is marked or them 18 shaws any injury, or ather traumatic event, the

Pages e medical exam

24. FUNERAL DIRECTOR Anatomy Board

Balto., Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE AUG 15 188 Julia Davidson-Rand

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ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours after death. Page 4 ma	INVERAL DIRECTOR. After this certificate has been signed by the offending physician and completely filled in by the funeral director. P Is be detached for use on the build framing permit. Then please remove corbonpopers. Pages 1 and 2 should be filed within 72 hours after
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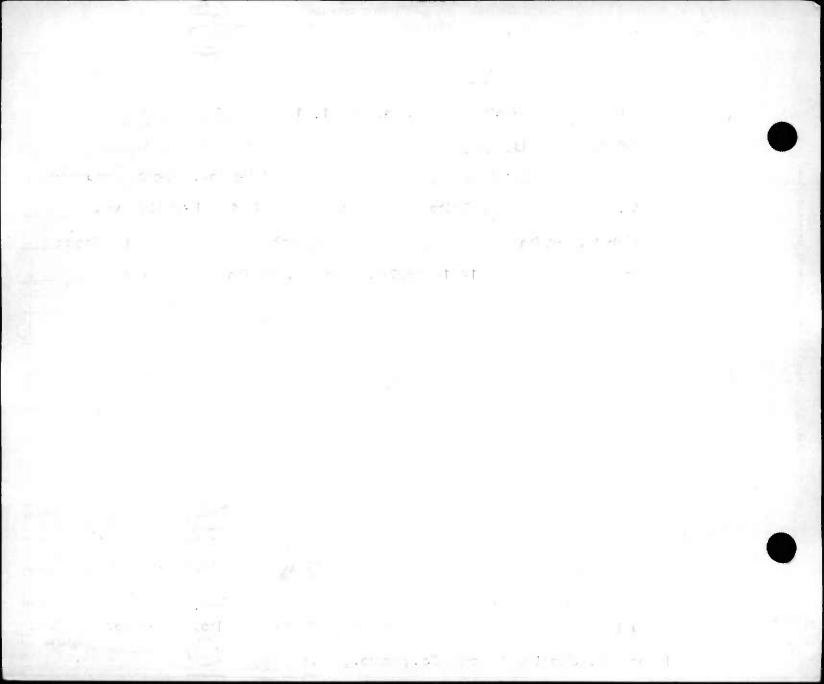
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CERTIFICATION

### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH MONTH YEAR 7h. HOUR (TYPE OR PRINT) 8 GEORGE SMITH IF UNDER 1 YEAR IF LINDER 24 HRS 4 RACE & AGE (IN YEARS LAST BIRTHDAY) MONTH White 23 1901 83 Male lan. YRS BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED [ BALTIMORE 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Life Ins. Agent BALTIMORE UNION MEMORIAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 3642 Ellerslie Ave Balto Md. YES K NOL 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Adolph H. Smith Haslbeck Margaret ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I HE YES, GIVE WAR OR DATES! [YES, NO OR UNKNOWN] Same 214-14-0627A No Mary APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 none 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Oh NO X 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 71e PLACE OF INJURY 211 LOCATION 71d INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK aucus 27a I certify that (I) (this hospital) attended the deceased from August sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 276. SIGNATURE DEGREE 224 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS UNION MEMORIAL HOSPITAL RONALD T. WISH M D 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE CITY OR TOWN COUNTY Gardens Of Faith Balto. Balto. Md. Burial 8-6-84

73a. BURIAL, CREMATION, REMOVAL 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGN TURE LARGE 24 FUNERAL DIRECTOR ADDRESS Henry W. Jenkins & Sons Co., Balto., Md.



BP. **DHMH - 17** 

(VR A15 ME (5))

20M 4/B2

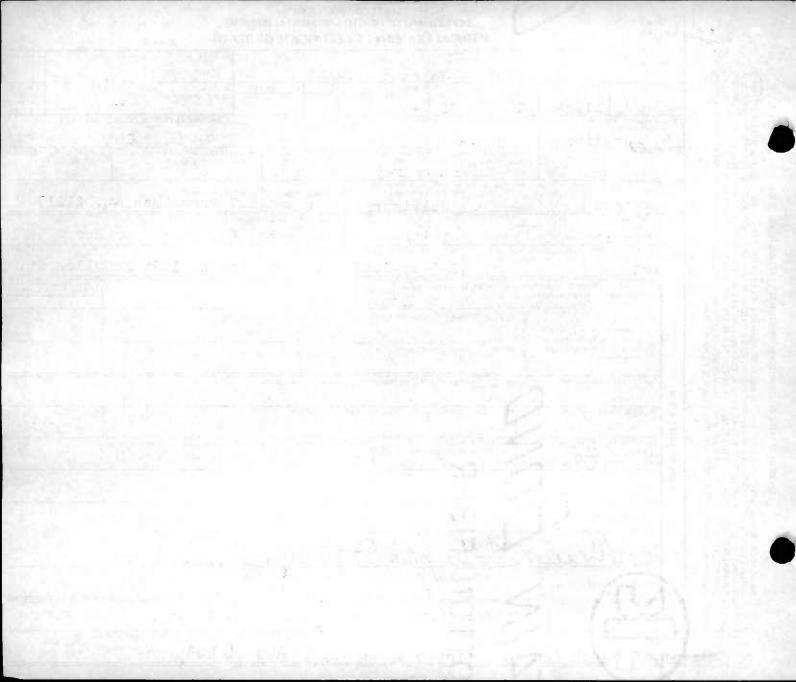
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE									
	EXAMINER'S			-					
MIDDLE		LAST		20 DATE					

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FOR			EPARTMENT OF HE	EALTH AND W	ENTAL HYG	IENE ;	to 1	1	,	
= STATE REGISTRAR		MED	DICAL EXAMINE	R'S CERTIFI	CATE OF D	EATH	REG. NO.			
1. DECEASED NAM	AE FIRST		MIDDLE	LAST			KNOWNXX	MONTH DAY	YEAR	2b HOUR
(TYPE OR PRINT)	Tvz	(Ike)	Tohnson	Smith		OF DEATH	MATED	8-6	19 84	
3 SEX	T4. RACE	5. DATE OF BIRTH	Johnson I6. AGE (IN YEARS	IF UNDER 1 YR.	IF UNDER 24 H			WONTH DV.		24 HOUR
	1-12-	MONTH DAY		MONTHS DAYS	HOURS MIN			8-6	1984	8:38 M
male	black	2 3	35 49 YRS.			9 RALTIM	ORE CITY OR			1 a. M
FOREIGN COUNTRY		70 CITIZETY OF WIT		MARRIED   N		X	_		DEATH	
N. Car		U.S.	CA 9	WIDOWED	DIVORCED (		timore		A ID OF BUI	MD
		( IF NOT IN SUCH FAC	PITAL, NURSING HOME, C			USUAL OCCUP FOR MOST OF WOR			OR INDUSTR	
Baltim			versity Hosp			200				91-011
USUAL RESIDENCE	(IF IN NURSING HOME O		E RESIDENCE BEFORE ADMISSION	T3d. INSIDE	CITY LIMITS? 13e	STREET ADDRE	SS			
Maryla	nd		Baltimor		NO [ 5	27 Pre	sstmar	n St.	2121	.7
14. FATHER'S NAM	NE STATE	MIDDLE	LAST	15 MOTH	ER'S MAIDEN NA	AME	IDDLE		LAST	
Brod	ie	MIDDLE	Smith	Ro	berta	M	wort.	B	rown	
160 WAS DECEASE	ED EVER IN U.S. AR		166 SOCIAL SECURITY N	17. INFOR	MANT		ADDRESS			
YES	(IF YES, GIVE	WAR OR DATES)	245-48-30	57 E1J	la Mae	Adams	1920	McCu.	lloh	St.
	OF DEATH (Enter on	ly one cause per line	for (a) (b) and (c) )						APPROXIMATE	INTERVAL
PARTID	EATH WAS CAUSE	BY:	Blunt Traum	a to Head	7			BE	TWEEN ONSET	AND DEATH
7 88	80 IMMEDIAT	E CAUSE (0)	AS A CONSEQUENCE OF							
Condition	ons, if ony, which									
	rise to immediate  a) stating the under-	(b)	AS A CONSEQUENCE OF							
lying couse lost.										
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10										
	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELATED TO THE TERMINA	L DISEASE DR CONDITI	ON GIVEN IN PART 1 to	i.				
190 DATE O	FOPERATION	Lin count	ION FOR WHICH OPERAT	NON WAS SEREO	DATE DO			Loc		
S ING. DATE O	POPERATION	196 CONDII	ION FOR WHICH OPERAL	ION WAS PERFO	KWED?			Ü	AUTORSY? nead C YES XX	only)
A FYTERN	IAL CAUSE WAS	21h. TIME OF	* 11147						YES XX	NO
UNDERLYIN	G XXOR		MONTH DAY YEAR		Y OCCURRED (EN	NTER NATURE OF IN)	URY IN ITEM 18 PAR	T I OR PART 2)		
CONTRIBUT			? 19	subject	fell					
UNDERLYIN CONTRIBUT 21d. INJURY WHILE	OCCURRED  NOT WHILE X	2 Te PLACE C	OF INJURY (AT HOME, DRY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TO	WN	COUNTY		STATE
AT WORK	AT WORK	3	?	3						
22g   cert	tify that Atoak chara	e of the remains desc	nead only)	Autopsy .	Inspection	], Inquiry	Ond i	n my opinion		
deoth resul	//	ol couses	Accident XX Suicie			ndetermined mo		, 0,		
	101	0/7	1 10		SPECIFY)	i de le l'initie d'initie				
ACTUAL SIGNATURE	Pulle	us X	ar sono		istant_,	MEDICAL EVIL	11.150	DATE	8-7-8	34
SIGNATURE		VN	7	- (ZM,D,	,	MEDICAL EXAM	INER	SIGNED		
EXAMINER'S		nis F. Smy	th. M.D.	ADDRESS	lll Pen	n St.	Balto.	. Md.	21201	
	ATION, REMOVAL 2		23c. NAME OF CEME			LOCATION				
SPBURIA	AL .	8/10/84	N.C. Vet	eran C	em.	Sallish	oury,	COUNTY	N.S	G.
24 FUNERAL DIRE	CTOR				250. DATE REC'D		R 256 REGIST	RAR'S SIGNA	TURE J. O	0
NAME		ADDRESS			ALIC	0 100/	1 mark	Par's signa	Manage	100

Wm C March F/H Inc. 1101 E North Ave

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CERTIFICATION

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## STATE OF MARYLAND

- STATE REGISTRAR			DEPAR	CERTIFICATE OF		REG. N	10.			
DECEASED NAM	E FIRST	155	MIDDLE	SMITH	Jr.	20. DATE OF DEATH	MONTH	DAY	84	26. H
SEX	Male	4 RACE	Black	5. DATE OF BIRTH MONTH DAY 20	YEAR 22	6. AGE (IN YEARS LAST B	THDAY)  YRS.	MONTHS	DAYS	IF UN
				10 0						

DER 24 HRS TO BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) MORE West Virginia WIDOWEDK DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION

Distrope & Dispatch 12h. KIND OF BUSINESS OR Baltimore Expeditor Post Office USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2047 Wheeler 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 1 13d. INSIDE CITY LIMITS? Ave. Baltimore, Maryland 21216 Maryland Baltimore YES X NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST E. Smith Sr. James 672900 Townbrook Dr. Apt. A ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 236-18-2818 Baltimore, Maryland 21207 Ronald E. Smith WW II Yes

PART I. DEATH WAS CAUSED	y one couse per line for (0), (b), and (c).)  DEY:  ECAUSE (0) Cerebral metastatic disease	BETWEEN ONSET AND DEAT
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b) SMALL CELL CARCINOMA OF LUNGY  DUE TO, OR AS A CONSEQUENCE OF	1 year

190 DATE OF OPERATION	1% CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	
			YES NO	YES 🗀	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART ?	)

( IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on blue the body after death and that in (my) (aur) apinion death occurred on the date and hour and from the couses stated

226. SIGNATURE	DEGREE		22c DATE/SIGNED
Ruhut Han	mo	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	18/11/81
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e. ADD	RESS	

_	DUDLAL CREATERS PERSONAL PROPERTY.	Las Maris of Control of Control	
	RICHARD NORA	UNIVERSITY OF MAKYLAND	CANCER CENTE
	ZZd. PHYSICIAN'S NAME (TYPE OR PRINT)	ITE. ADDRESS	

BP	Burial	8/14/1984	Arbutus Memorial	Park
1MH - 16 50M 4/83	2NUELEPRETOSONS	2501 Gwynns F	alls Parkway	25e. DATE
(VRA 15, 4)	Funeral Home Inc.	Baltimore, M	aryland 21216	AL

Baltimore, Maryland AUG 1 5 1984 gime with the

CITY OF TOWN

TO FUNERAL DIRECTOR:

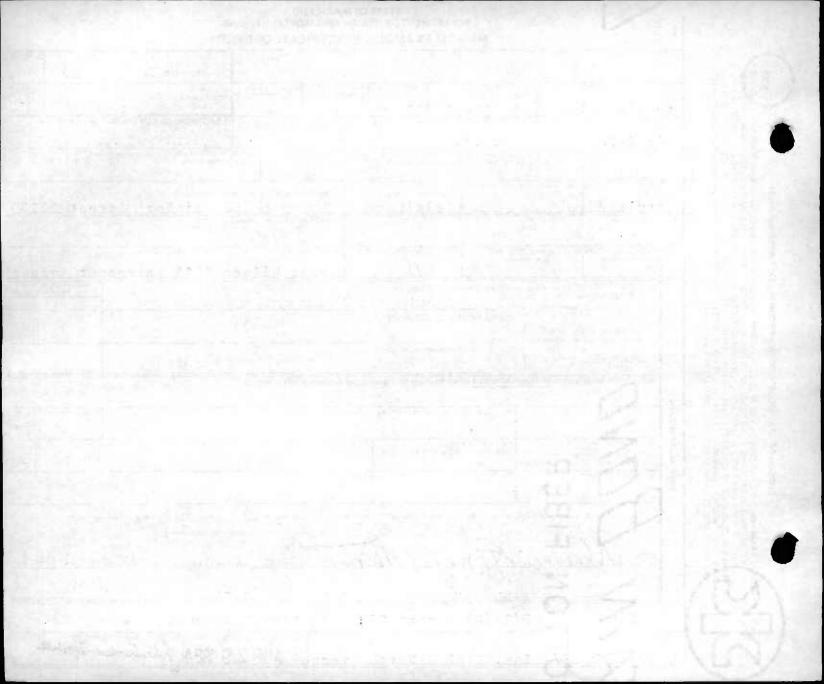
should be detoched with the Stote Dept MPORTANT

est ir in a Dist. W Fiscath . ... Ex cditer cst C icc \_\_\_\_indicte references ave. Baltimore, .er.l.m fill Haltimore, bar land I. Stuth Sr. 34116 ATTO To mbrook Dr. Act. M war and the control of the state of the core, the dead of the 1 drug 7 - 7 - 3 J - 7. seltimore. Wril no For religion . Altirore, erila elle

BP.

DHMH (VR A15 ME (5))

		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE									9	Ó						
	REGISTRAR  1. DECEASED NAME FIRST					MIDDLE LAST TO DEATH REG. NO.						MONTH	DAY	YEAR	7b. HOUR			
		E OR PRINT)		rot					Smith				OF EST	1.	8-20		84	
	3 SEX		Marga 4. RACE	S. DATE	OF BIRTH		6. AGE (IN Y	EARS IF U	NDER TYR.	IF UND	ER 24 I	HRS. 2c.	DATE			DAY		2d HOUR
	fe	emale	black	MONTH 4	1 8	YEAR 22	62	YRS.	THS DAYS	Hours	AAI	PRO	NOUNCED DEAD		8-2	1 19	84	4:35 a
-	70 BI	RTHPLACE (S			EN OF WH			1.0	RIED X NE	VER MAI	RRIED	□ 1 B.	ALTIMORE	CITY OR	COUNTY	OF DE	ATH	
3	V	rgini	а		J.S.A			WIDO	WED 🗆	DIVO	RCED		Baltir					MD
	10_CI	TY OR TOWN	OF DEATH				JRSING HON		HER INSTITU	TION	120		OCCUPATIO		FWORK 12		OF BUS	
2		Baltin					dt Str											
1	USUA 130. S		(1F IN NURSING HOME OF		STITUTION, GIVI	13c. CIT	YORTOWN		134 INSIDE C			STREET						
2		rylar				Ва	1timo	re	YES X	NO [			Rein	hart	Sti	ee	t 2	1230
0	14. FA	THER'S NAM		MIDDLE			LAST		IS. MOTHE	IRST		NAME	MIDDLE			LAS	ī	
9	N/A 160. WAS DECEASED EVER IN U.S. ARMED FORCES?			CES?	Jáh SO	SOCIAL SECURITY NO. 17 INFORMANT ADDRESS												
	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES									7 4 1					4	A		
	1	NO CAUSE C	DE DEATH (Enter cal		a. lias i				LDour	la w	111	son	2125	rai	rmot		OXIMATE	
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PARTIDEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease										BETWEE	N ONSET	AND DEATH				
			IMMEDIAI				NSEQUENCE		002 020									
		Canditions, if any, which gave rise to immediate (b)																
		couse (a) stating the under- ) DUE TO, OR AS A CONSEQUENCE OF										r / 11						
	lying cause last.																	
	z	PART 2 OTHER S	IGNIFICANT CONDITIONS (	ONTRIBUTI	NG TO DEATH B	UT NOT REL	ATEO TO THE TEN	RMINAL OISEA	SE OR CONDITIO	N GIVEN IN	PART 1	(6)						
_	ATIO	19a DATE OF	FOPERATION	b. CONDIT	ION FOR	WHICH OPE	RATION	VAS PERFOR	MED?	-	_				20 AU	TOPSY?	-	
2	IFIC	117														YES	5 🗆	ХХои
3	AL CERTIFICATION	71a. EXTERNAL CAUSE WAS 21b. TIME OF HOUR A.M. UNDERLYING OR ONTRIBUTING CAUSE OF DEATH P.M.			A.M. MONTH DAY YEAR			IOW INJURY	OCCUR	RED (	ENTER NATUR	E OF INJURY IN	ITEM 18 PAR	RT I OR PART	2)			
	MEDICAL	21d. INJURY					Y (AT HOME	21f. L	CATION	_	-						_	
	ME	WHILE AT WORK	NOT WHILE C	)	STREET, FACTO	ORY, FARM,	ETC.)		STREET			CIT	YORTOWN		COUN	TY		STATE
ij	27	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection X. Inquiry , and in my opinion																
H	19	death result	red form Natur	of course	XX	ccident	L. 5	micide	J, Hami	cide	, (	Undetermi	ned monner	<u> </u>				
		ACTUAL TITLE (SPECIFY)  MAN ASSISTANT MEDICAL EXAMINER SIGNED,									8-2	21-8	4					
2	.4	EXAMINER'S (TYPE OR PR	NAME Deni	nis I	F. Smy	th,	M.D.		_ADDRESS_	111	Per	nn St	., Ba	lto.	, Md.	2	1201	
		URIAL, CREMA BEURIAI	ATION, REMOVAL 2		28/84	23c.	ount					Lans	down	е,	COUNTY		Μď	TE.
į	- 110	UNERAL DIRE			ADDRESS					A	E REC	D. BY REC	GISTRAR 25	REGIST	Davids	NATUR	Endel	e
Wm C March F/H Inc. 1101 E North Avenue AUG 2 9 1984 guna									Armidas	211		,						



ATTENDING PHYSICIAN: The law attending physician

etained by the haspital ar

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached far use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, the medical

IMPORTANT: If them 21 is marked or them 18 shaws any

may be

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR		DEPARTA	_	EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	10			
	CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
{TYPE	OR PRINT) MARIA	ANTO	INATTE	SMI	TH	AUGUST 9	19	84	11:29A	
3. SE		4. RACE	INALLE			6. AGE (IN YEARS LAST &		IF UNDER 1 YEAR	IF UNDER 24 HRS	
	Female	Neg	0	S. DATE C	20, 1983	1	YRS.	MONTHS DAYS	HOURS MIN.	
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED 5	9. BALTIMORE CITY		Y OF DEATH		
	Maryland	USZ	A	WIDOWE		BALTIMO	RE CI	TY	MD.	
10. C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPAT			F BUSINESS OR	
	BALTIMORE	THE JO	OHNS HOP	KINS	HOSPITAL	(TYPE OF WORK FOR MOST	OF WORKING (	INDUSTRY		
13a. S	AL RESIDENCE (IF NURSING HOME COL STATE 136. COL ryland	DROTHER INSTITUTION	Baltimo	N	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	130. STREET ADDRESS 4307 Fa:	irfax	Road	21216	
14. FA	ATHER'S NAME Milton	MIDDLE	Smith	1	Bernadet	MIDDLE		Braxto	'n	
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDF	RESS			
	No	(UNKNOWN)			Bernadette	Braxton .	Fairfa	x Road		
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	BETWEEN	MATE INTERVAL ONSET AND DEATH							
	Canditions, if any, which ( GASTROINTESTINAL HEMORE					HAGE		4-	6 HR	
	gave rise to immediate cause (a1), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF METABOLIC ACIDOSIS AND BILIARY ATRESIA									
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT									
J.		BILIARY ATRESIA  10 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? [206. IF YES, V							100.000	
CERTIFICATION	190. DATE OF OPERATION					200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
E	11/83			TLTW	RY ATRESIA	YES NO X		ES 🗌	но 🗆	
	OR CONTRIBUTING CAUSE OF D			YEAR	21c. HOW INJURY OCCURR	CED (ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART 2)		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		M.	19	211. LOCATION					
MED	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY IEET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITY OR T	OWN	COUNTY	STATE	
	22a.1 certify that (I) (this hospital) attended the deceased fram 7/26									
	saw the deceased alive an									
	226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF									
	22d. PHYSICIAN'S NAME ITYPE	0			22. ADDRESS 600 N. WO		ALTO	.,MD.	21205	
23a. E	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	8/13,	101		emetery or crematory emorial Par	k Randall	stow	n, Mar	yland	
Wn	uneral director  1. C. March I	F/H, In	c. 1401	E. 1	North Ave. A	1673 1984	O SERVE	JENEUR ELEMAN	yandell	

DHMH - 16 50M 4/82

(VRA 15, 4)

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14 n-1		AROUTE J	1/35 237.10 5		
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ensis.					
ne late	La company of the control		101	3/2X3//8	
	11 J. Add 5 J. 3			.one , Ni	dans des and

# STATE OF MARYLAND

1 - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		
1. DECEASED NAME FIRST (TYPE OR PRINT)  MAR	Y B.	SMITH	AUGUST 15,1984	1 25 HOUR 5:05A
3. SEX FEMALE	1. RACE NEGRO	JULY 4, 191	non	NDER I YEAR FUNDER 24 HRS THS DAYS HOURS MIN.
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNTRY?	MARRIED A NEVER MARRIE	BHTRIMOREOUTP	<b>DEATH</b> MD.
BALTIMORE	THE "JOHN'S "HO		LIVER OF WORK FOR MOST OF WORKING LIFES	126 KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE IN NURSING HOME OF 136 STATE 136 COU		ORE YES NO [	314 E. LANVALI	ST. 21202
FRANK	SCOTT	15. MOTHER'S MAIDI ENIMA	WIDDLE	PENCER
160 WAS DECEASED EVER IN U.S. A 1455, NO OR UNKNOWN) (16 YES, G	NE WAR OR DATES!	17 44 44 144 144 14		LANVALE ST. ERRA FIRMA
PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), or ED BY.  ITE CAUSE (a)  DUE TO, OR AS A CONSEOU	tony Arrest	21225	BETWEEN ONSET AND DEATH  30 minutes
Conditions, if any, which gave rise to immediate cause (a), stafing the underlying cause last.	DUE TO, OR AS A CONSEOU			
PART 2 OTHER SIGNIFICANT  Conges two  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	heart failure	Penal Farty OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WIN CERTIFYIN YES NO YES	ERE FINDINGS USED G CAUSES OF DEATH? NO
21B. ACCIDENT WAS UNDERTYING OR CONTRIBUTING CAUSE OF DI UF FITHER, MOTHEY MEDICAL EXAMIN 21B. INJURY OCCURRED	HOUR A.M. MONTH D	AY YEAR 19 216 HOW INJURY O		
220.1 certify that (1) this has	(AT HOME STREET, FACTORY, OFFICE.)	8/14 19	P4 to 8/15 19	that (I) we) lost
226. SIGNATURE	ot) view the body after death.	DEGREE ATTEND PHYSIC	ING MEDICAL STAFF	224 DATE SIGNED 8/15/84
22d. PHY CIAN S NAME TYPE	I. Humphries	John	s Hegkins Hospita	1
230 BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	08/18/84 E	NAME OF CEMETERY OR CREMA BALTIMORE CEM	BALTIMORE,	MARYLAND''
FUNERAL DIRECTOR MARSE  ALON EDMONDSON	ADDRESS	JR. Md. 21229	AUG 1 7 1984	ACCEPTATIVE TO

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the hospital or attending physician.

1, and 2 should be filed within 72 hours after

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and comple should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1, and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

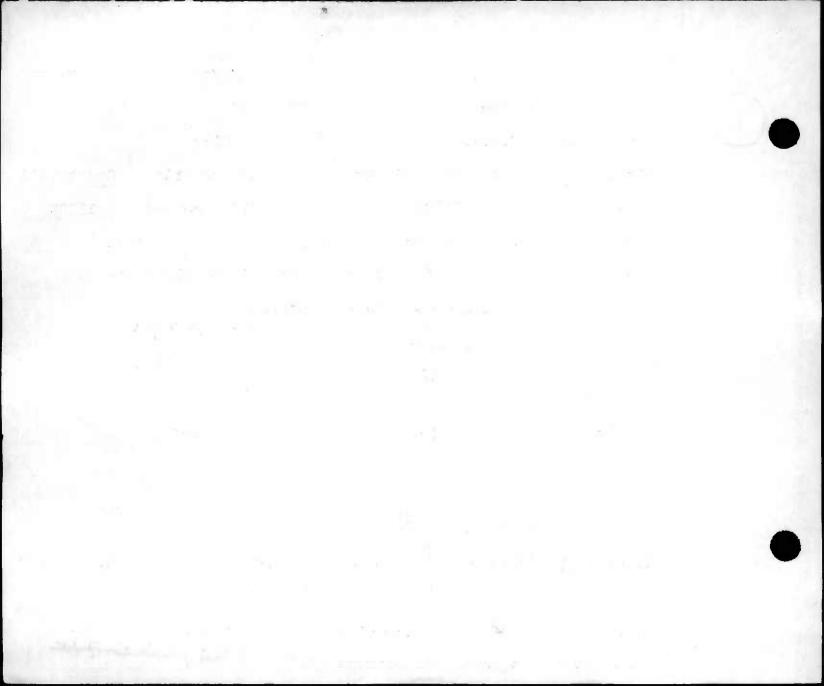
[MPORTANT: If Hem 21 is marked or Item 18 shaws any injury, or ather traumatic event, the medical examples.]

RALDIRECTOR MARSHALL W. JONES, JR.

L EDMONDSON AVE/BALTO., Md. 21229 DHMH - 16 50M 4/B3 (VRA 15, 4)

STATE OF

	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	799		
n e		CEASED NAME FIRST	MIDDLE CANTELLY		AST	Ze. DATE OF DEATH	AY YEAR 26 HOUR		
deod		NEWTO				8/1/84	7:00P <sub>M</sub>		
1000	3. SE	Male	Black	5. DATE C	3°0 1'7	66 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS.		
1 30		RTHPLACE (STATE OR FOREIGN	U.S.A.	MARRIEI WIDOWE	DE NEVER MARRIED DIVORCED	P. BALTIMORE CITY OR COUNTY  City	OF DEATH MD.		
led		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 515 Edgewo	Od St	treet	17d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE CONSTRUCTION	126 KIND OF BUSINESS OR INDUSTRY COnstructi		
filled in by the hould be filed in the filed	13a. S	Md. 136. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134, CITY OR TOW BALLO	admission) N	136 INSIDE CITY LIMITS? YES 🔯 NO 🗌	136 STREET ADDRESS / ZIP CODE 515 Edgewood	21229		
completely filled  I and 2 should  Completely filled  Something the state of the st	1	THER'S NAME Newton	D. Smit		Holly	Ma	son		
physicion and control of physicion and control of the medical		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	4863	Mrs. Margie	ADDRESS e Smith 515 Ed	gewood  APPROXIMATE INTERVAL  BELIWEEN ONSET AND DEATH		
hos been signed by the ottending permit. Then please remove carb ene prior to burial, cremation, or a two sony injury, or other troumotic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D	DEATH BUT			WERE FINDINGS USED YING CAUSES OF DEATH?		
riol-tronsit		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	AY YEAR		YES NO YES	NO N		
After this e os the bu ofth and Ma norked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	ARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
for us of He		22a Leartify that (I) (this hospital) attended the deceased from April 14 19 84, to Aur. 19 84, that (I) (we) lost sow the deceased alive an aurity 13 19 84, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death.							
TO FUNERAL DIRECT should be detoched for with the Stote Dept. o		270 SIGNATURE  270 PHYSICIAN'S NAME (TYPE  Anthony F.	Hammond, M.D.	14	22e ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN    ens Ave. 21229	aug 3 198		
OT SAME		BURIAL, CREMATION, REMOVA	01/10/		EMETERY OR CREMATORY ridge	238 LOCATION CITY OF TOWN Balto.	COUNTY Md. STATE		
- 16 50M 4/83 RA 15, 4)		Burial UNERALDIRECTOR NAME Tas. A. Mort	on & Sons 1701		ALIC	E REC'D BY REGISTRAR 251 REGIST	RAP'S SIGITATION		



tar. page 3 after death

ond 2 s

the attending physicia

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached far use as the burial-transit permit. Then plea with the State Dept. af Health and Mental Hygiene prior ta burial,

attending physicia

injury, or ather troumatic

marked or Hem 18 shows any

IMPORTANT: If Hem 21 is

230. BURIAL, CREMATION, REMOVAL BURIAL

FOR

# STATE OF MARYTAND DEDADT

MENT OF HEALTH AND MENTAL	HYGIENE	6-3
CERTIFICATE OF DEATH		

- STATE REGISTRAR	DEFARIA	CERTIFICATE OF DEATH	REG. NO	0.			
1. DECEASED NAME FIRST (TYPE OR PRINT) Nora	Lee	Smith	20. DATE OF DEATH August 1	0, 1984	2b HOUR		
Female	Black	S. DATE OF BIRTH  MONTH DAY YEAR  1 4 14	6 AGE (IN YEARS LAST BIR	THDAY)  IF UNDER 1 YEA  MONTHS DAT			
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Alabama	76 CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	The second secon	re City	MD.		
Baltimore	11. NAME OF HOSPITAL, NURSIN UF NOTING SUCH EACHITY, GIVE STREET 1711 E FEGE	G HOME OR OTHER INSTITUTION POPESS	120 USUAL OCCUPATI		OF BUSINESS OR		
USUAL RESIDENCE (IF NURSING HOMEO			13e. STREET ADDRESS	Federal S	t.21202		
14 FATHER'S NAME FIRST William	MIDDLE Christia	an Nettie			LAST		
160. WAS DECEASED EVER IN U.S. AI (YES. NO OR UNKNOWN) (IF YES. GI	MED FORCES? 16b. SOCIAL SECU 212/28/	7742	ADDRE h 1711 E.		treet		
PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), and ED BY: TE CAUSE (a)	es hellotus		BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH		
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)						
		DEATH BUT NOT RELATED TO THE TER/					
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUS YES	ES OF DEATH?		
OR CONTRIBUTION CONTRIBUTION	HOUR A.M. MONTH DA	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2	)			
(IF EITHER, NOTIFY MEDICAL EXAMINE 216. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211. LOCATION STREET					

Arbutus Mem.

NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated DEGREE 22c DATE SIGNED

22e ADDRESS

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

Pk.

Md STATE COUNTY

24 FUNERAL DIRECTOR Wm. C. March F/H

236. DATE 8/14/84

BY REGISTRAR 256. REGISTRAR'S SIGNATU

Arbutus,

1101 E. North Ave.

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours afti

retained by the hospital or offending physicion.

page 3

may be

### STATE OF MARYLAND

EPARTMENT	OF HEALTH	AND MENTAL	HYGIENR
CEI	RTIFICATE	OF DEATH	

4	1.	STATE REGISTRAR	CERI	IFICATE OF DEATH	REG. N	0.	
		CEASED NAME ROBER	ta B.	Smith		8/2/84	1:55 AM
	3. SE	FEMALE	Black 8	E OF BIRTH  DAY  YEAR  26  26	6. AGE (IN YEARS LAST BIR	YRS.	YS HOURS MIN.
Ì	6	PRGINIA	1.1511	RIED NEVER MARRIED WED DIVORCED DIVORCED	Baltimore City O	C A LIZE KIND	MD.  D OF BUSINESS OR
38		Balhmore AL RESIDENCE HE NURSING HOME OR O	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	Mayland	(TYPE OF WORK FOR MOST C		
35	77	STATE 136 COUNT BAL	TIMORE BALTIMORE	130 MISIDE CITY LIMITS?		ZIP CODE, STREET	21211
20	(		AND SOCIAL SECURITY NO	HGH,E	ADDRE	Wet	Son
		YES, NO OR UNKNOWN)   I IF YES, GIVE	WAR OR DATES) 219-20-62	152 James S	moth 729	Baker St. K	
		PART I. DEATH WAS CAUSED  IMMEDIATE		mongy Faile	re	BETWE	ROXIMATE INTERVAL EEN ONSET AND DEATH
	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF  (b) MP+G S+G AC  DUE TO, OR AS A CONSEQUENCE OF  (c)  ONDITIONS CONTRIBUTING TO DEATH B	Breast Co	MINAL DISEASE OR CON	DITION GIVEN IN PAR	T Na
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT	TION WAS PERFORMED	200 AUTOPSY?	20h IF YES, WERE FIN IN CERTIFYING CAU	
9	8	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM IS PART I OR PART	2)
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
		22a.1 certify that (1) (this hospital saw the decreased give on above 1) (we clearly did not	7/0	ond that in (my) (our) opinion	deoth occurred on the de		
		Jam de	Im MD		MEDICAL STAI	FF C	2/2/84
1		22d. PHYSICIAN'S NAME (TYPE OR	mec	6904 Bonnie	estide pr.	Balhmon	e, MD
		SURIAL CREMATION REMOVAL	231 DATE 7-84 231 NAME O	CMOCIAL A	234 TOCATION CITY SOWN	finace,	Marke
3	24 FI	UNERAL DIRECTOR	1 ANDRESS 1	/ (C/ 256. DAT	TE REC'D. BY REGISTRAR	2510 REGISTRAR'S SIGN	1A 78 Bridall

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove corbonopopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be patified.

College Desired Completed 71 D BELTIMAN AND THE TOP COLOR SHOPE 214-20 625 Stone Sunfa To Stone St. Belling

death. Page 4 may be

### STATE OF MARYLAND FOR

STATE REGISTRAR DEPARTMENT OF WALTH AND MENTAL HYGIEND

CERTIFICATE OF DEATH	REG. NO.		
Smith	20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR 1255
S. DATE OF BIRTH  MONTH DAY YEAR  1 4	6. AGE (IN YEARS LAST BIRTHDAY)  YRS.	MONTHS DAYS	IF UNDER 44 HRS

DECEASED NAME 1951	MIDDLE	LAST	20	DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
William		Smith		20	8 6	84	12>
SEX 4. F	RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST !		IF UNDER I YEAR	IF UNDER THE
MALE O	Bluck	MONTH DAY	YEAR	65	YRS.	ONTHS DAYS	HOURS
BIRTHPLACE (MANUSE FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	8.	9.	BALTIMORE CITY	OR COUNTY	OF DEATH	
Varil 46	USA	MARRIED NEVER N	ORCED	BP	270	CITY	
CITY OR JOWN OF DEATH	IF NOT IN SUCH ENCILITY, GIVE STREET			I USUAL OCCUPA		12b. KIND OI INDUSTRY	FBUSINESS
10 allense	Bonde	evene Ho	police	low			
UAL RESIDENCE (IF NURSING HOME OR OTH I. STATE 13b. COUNTY			TY LIMITS? 13	STREET ADDRESS	/ ZIP CODE	1 1	400:
m&/	- 1,500	YES T	NO 🗌	2581	w.	buggety	Words
FATHER'S NAME	11	15. MOTHER'S	MAIDENNAME		0	-11	
wille Smille	neth 1AST		Jons	MIDDLE MIDDLE	Fred	les	
WAS DECEASED EVER IN U.S. ARME		URITY NO. 17 INFORMA	Ny TI	ADD ADD	RESS	KHO	1
(YES, NO OR UNKNOWN) (IF YES, GIVE W.	AR OR DATES) 144-1	8 4735 al	9010	W Spice	kille	of the	421
18 CAUSE OF DEATH (Enter only o	one cause per line for (a) (b) a	nd (C)	10 310	9		APPROXU BETWEEN C	MATE INTERVAL
PART I. DEATH WAS CAUSED B	SY: (14 - 1	Tio nulman	my 1	wrest			
IMMEDIATE C		45 1000	-				•••
Conditions, if any, which	DUE TO, OR AS A CONSEOL		no to o	Lecubit	vsulce	us.	
gave rise to immediate	1						
couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOL	s electro	lyte i	ubolum	(0.		
PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINA	AL DISEASE OR CO	NDI <u>I</u> ION GIVI	N IN PART 1	
Lehy de	ation, and	1 List.	~, C	VA'S,	Cary	6/40	deh
19a. DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFO	RMEO	200 AUTOPSY		WERE FINDING CAUSES	
				YES NO	YES	AND DESCRIPTION OF THE PARTY OF	NO [
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		JURY OCCURRED	ENTER NATURE OF IN	JURY IN ITEM 18 P	ART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF DEATH							
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
(IF ETHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21e. PLACE OF INJURY	FARM FIC ) 211 LOCATIO	N	CITY OR	IOWN	COUNTY	STATE
WHILE NOT WHILE AT WORK	, orrect		1000				
22a I certify that (I) (this hospital)	attended the decensed from	8/5	10 84	to 8/	6	19 89	that (I) (we)
tre t certify that (i) (this hospital)	0/6	and !				11/11	

saw the deceased alive on above, (I) (we) (did) (did nat) view the body after death DEGREE 22b. SIGNA

22. DATE SIGNE STAFF ATTENDING DIRECTOR PHYSICIAN

22e ADDRESS

CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMPTERY-OR

STATE

12b. KIND OF BUSINESS OR INDUSTRY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

that (I) (we) last

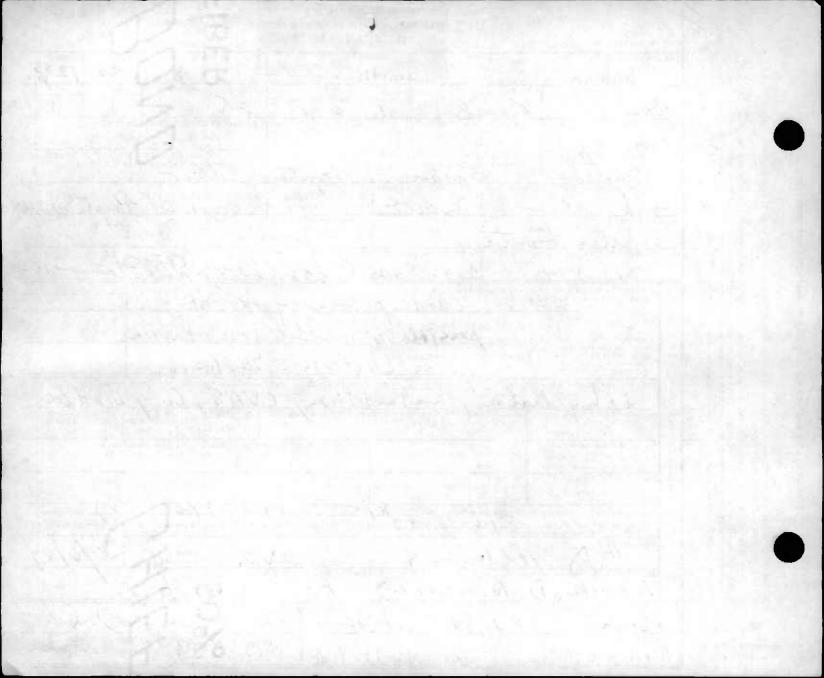
ATTENDING

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to burial, crements

MPORTANT: If Hem 21 is marked

injury, or other train



8/12/84

Homer L. Disharoon Box 678 Laurel Del 19956

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYG

MEDICAL EXAMINER'S CERTIFICATE OF

Odd Fellows Cemetery

1ENE: 2 1 3	0 3
DEATH REG. NO.	
20 DATE KNOWN K) MONTH OF ESTI- DEATH MATED  8-8-	DAY YEAR 26 HOU
IRS 20 DATE MONTH	DAY YEAR 24 HOU 84 19 4:451
Baltimore City  Baltimore City	, M
USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Student	2b. KIND OF BUSINESS OR INDUSTRY Elem. Schoo
STREET ADDRESS 2704 Daniel St.	99999
AME MIDDLE Day	rton
ADDRES Laurel moot, 2704 Daniel	Delaware St
	APPROXIMATE INTERVAL BETWEEN ONSET AND DE AT
3.	
4	20 AUTOPSY?  YES NO S
nauto struck by a control	
skey Detmar Wicomi	co Co., Md STATE

SIGNED 8-9-84

STATE

Delaware

COUNTY

MAR INC REGISTRA

(VR A15 ME (5)

20M 4/82

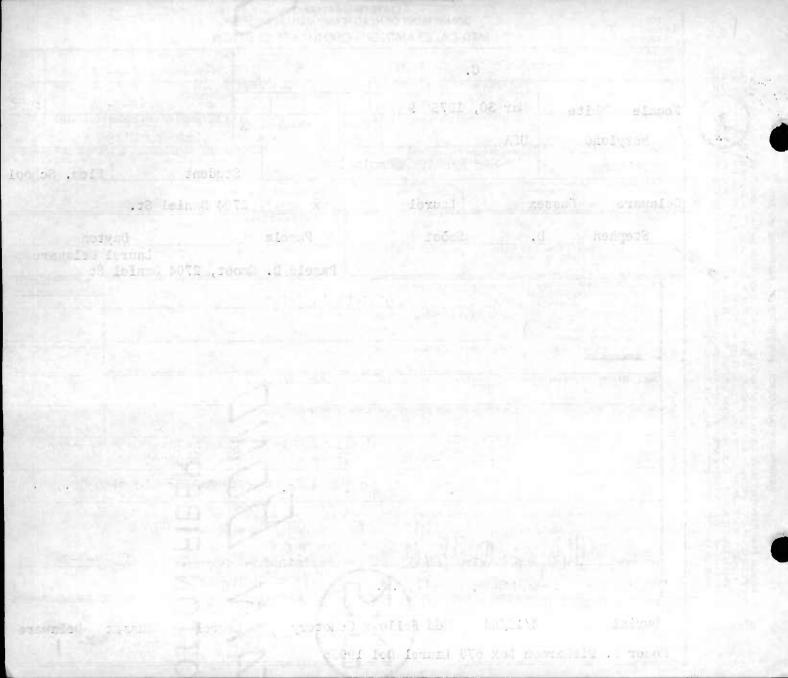
burial

24 FUNERAL DIRECTOR

FOR

REGISTRAR I. DECEASED NAME

- STATE



	-		
	1.		
_	4	-	
_	- 0	1	

STATE OF MAKTLAND	nd.
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME	lift		arl	Sr	moot Jr.	20 DATE OF DEATH	8/18/84		1:20 p.
3. SE	Male		White		5. DATE C	y 16, DAY 1921 EAR	6 AGE (IN YEARS LAST B	RTHDAY) IF UNDE		UNDER 24 HRS
	vash. D.C.	OREIGN	U.S.A	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY (		ATH	MD.
	Baltimore	TH		n Memori		Spital	120 USUAL OCCUPAT		ephone	
130 S	al residence (15 NURS) State Maryland	13b COUN Mon	other institu	ROC KVILLE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 308 Cec	dar Lane	20851	
14. FA	Clifton	Ca	arl	Smoo	t, Sr.	15 MOTHER'S MAIDEN NAME OF THE STREET Mary	ME MIDDLE		rhoma:	s
160 V	VAS DECEASED EVER YES NO OR UNKNOWN) YES		MED FORCES?	579-16-		Audrey T.	Smoot same			
MEDICAL CERTIFICATION	18 CAUSE OF DEATH PART I. DEATH W  Conditions, if ony, gove rise to imm couse 101, stating underlying couse  PART 2 OTHER SIGN  190 DATE OF OPERAT  210. ACCIDENT WAS UND OR CONTRIBUTING COURT WAS UND OR CONTRIBUTING COURT WHILE NOTIFY MEDIC COURT WHILE NOTIFY WHILE NO	AS CAUSEI IMMEDIAT  which nediote g the lost.  HEICANI CO  AUSE OF DEA ALEXAMINER:  ED  (this ho pit d dive of a d dive of a	DBY: E CAUSE (0) DUE TO, OI  ONDITIONS CO  I 196 CONDI  TH HOUR A.  AT HOME STR  TOI) DITENDED IN  OI) DITENDED IN  THE PLACE (AT HOME STR  TOI) DITENDED IN  THE PLACE OF THE	R AS A CONSEQUE  CONTRIBUTINO TO D  TION FOR WHICH (  FINJURY  M. MONTH DA  M.  DF INJURY  EET, FACTORY, OFFICE, FACTORY, OFF	NCE OF  DEATH BUT  OPERATION  Y YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCURE 21f. LOCATION STREET  19 10d that icc(my) (pur) opinion of the physician of th	200 AUTOPSY?  YES NO ENTER NATURE OF INJU  CITY OR TO  deoth occurred on the of  MEDICAL STA  DIRECTOR PHYSI	20b. IF YES, WERE IN CERTIFYING O YES URY IN ITEM 18 PART I OR	PART 2)  UNITY  that com the couse  C. DATE SIGN	USED DEATH? O (I) we) lost es stoted
						Zamo	namil DI. K	ockville,	Md. 20	0852

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled im should be detached for use as the burial-transit permit. Then please remave carbanpopers. Pages 1 and 2 should the first

should be detached for use as the burial-transit permit. Then please with the State Dept: af Health and Mental Hygiene prior to burial, cr

IMPORTANT: If them 21 is marked ar Item 18 shaws any

injury, ar ather traumatic event,

Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852

23b DATE 8/21/84

230 BURIAL, CREMATION, REMOVAL (SPE Burial

Silver Spring, Maryland STATE 731 NAME OF CEMETERY OR CREMATORY Gate of Heaven AUG 2 2 1984 June Day Continued and AUG 2 2 1984

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binfe	illess costat, too				Islan	
					e call I il	

DHMH - 17 (VR A15 ME (5))

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYC

		FOR STATE		F HEALTH AND MENTA	W .	60		
		REGISTRAR	MEDICAL EXAMI	INER'S CERTIFICAT	E OF DEATH	REG. NO.	-	
		CEASED NAME FIRST	WIDDIE	C 1037	20. DATE KNO	HTHOM   NWC	DAY YEAR	7h HOUR
	,,,,,	Alvin		Samell	DEATH M		21. 1984	M
1	SEX		DATE OF BIRTH MONTH DAY YEAR		DER 24 HRS 2c DATE	MONTH	DAY YEAR	24 HOUR
)	79	400 Bl.D	1 27 34 5	YRS. HOUR BAYS ROUR	PRONOUNCE DEAD	8-	21 1,84	9:00 a. M
		RTHPLACE (STATE OR TE	CITIZEN OF WHAT COUNTRY?	MARRIED TO NEVER M	ARRIED 7. BALTIMOR	ECITY OR COUN	TY OF DEATH	
5	1	Buet 7.0	USAL	THE RESIDENCE OF THE PROPERTY		more Cit	V.	MD.
	10. C11	TY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSING HO	ME, OR OTHER INSTITUTION	17a. USUAL OCCUPAT	ION (TYPE OF WORK	126. KIND OF BU	ISINESS
0	В	altimore	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS 1613 Division St	treet	FOR MOST OF WORKING	· LHE)	OR INDUST	кү
			THER INSTITUTION, GIVE RESIDENCE BEFORE ADMI	ISSION1		2/2	2/1/2.00	
5	30. S1	TATE A 136 COUNTY	13c CITY OR TOWN	1	157 13e STREET ADDRESS	3 Du	in St	
=	14 FA	THER'S NAME	13,44	15. MOTHER'S M	AIDEN NAME		2	
20	1	Sirst Pomer	MIDDLE	ally	eita MEDOL	Snow	drist	
			D FORCES? 166 SOCIAL SECUR	RITY NO. 17 INFOLMANT	1 1	DORESS		
	(YE	ES, NO. CRUNKNOWN) (IF YES, GIVE WAI	RORDATES) 45	4 Lux Sun	in Some	udin	- 211	17
ŀ		18 CAUSE OF DEATH (Enter only o	one cause per line for (a), (b), and (c),	1 - 194 2 9	20 11/10	or free	APPROXIMATE	
		PART I DEATH WAS CAUSED B	Y: Ethanolis	sm			BETWEEN ONSE	HTARD DEATH
	Н	IMMEDIATE	DUE TO, OR AS A CONSEQUENCE					
		Conditions, if ony, which						
		gove rise to immediate couse (a) stating the under-	(b) DUE TO, OR AS A CONSEQUENCE	TE OF				
		lying couse last.	DOL TO, OK AS A CONSEQUENCE	L OI				
		PART 2 OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO THE T	EDMINAL DISEASE OF CONDITION CIVEN	IN DART 1 (a)			
	N		THE TO SEAL SOLVED TO THE TO	CAMINAL DISTASE OR CONDITION OFFER	IN EAKT 1 (D).			
-	CERTIFICATION	19g DATE OF OPERATION	19h CONDITION FOR WHICH OF	PERATION WAS PERFORMED?			20 AUTOPSY	2
2	FIC.						YES 🗆	
	ERTI	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY	171r HOW INJURY OCCI	JRRED (ENTER NATURE OF INJURY	IN ITEM IS PART I OR P.		но 🕅
-3		UNDERLYING OR	HOUR A.M. MONTH DAY YE		JAKED (E. S.			
	MEDICAL	CONTRIBUTING CAUSE OF DEA	ATH P.M. 19	, 711 LOCATION				
	MEI	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	co	YTAUC	STATE
		AT WORK AT WORK						
		220 I certify that I took charge o	of the remain described above, held or	n Autopsy . Inspi	ection XX. Inquiry	and in my o	pinion	
		death resulted from: Natural	causes XX Accident .	Suicide Hamicide	. Undetermined manne	ar .		
	7	An .	atton to	TITLE (SPECIF	,			
		SIGNATURE WOLLE	and hour	N_M.DAssista	ntmedical examine	R SIGN	ED 8-21-	84
2		EXAMINER'S NAME Donni			1 5 01 5	7.1	3 01001	
		(TYPE OR PRINT) Denni	s F. Smyth, M.D.	ADDRESS	l Penn St., B	alto., M	a. 21201	
	230. BL	URIAL, CREMATION, REMOVAL 236	DATE 231. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	1 50	NIV ST	TATE
		Bural	4 7/84 July	(illum)	Bul	true) 1	nk	/
	24 FL	NAME PARECTOR	ADDRESS Junes	250. D	ATE REC'D. BY REGISTRAR	756 REGISTRAR'S	SIGNATURE	1000
		alilhan	nailcens 1 1der	320/10/4	AUG 22 1984	Julia Davi	dson-Aanda	100

#### REGISTRAR REG. NO DECEASED 2a DATE OF DEATH TYPE OR PR 4 RACE DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 76 CITIZEN OF WHAT 9 BALTIMORE CITY OR COUNTY OF DEATH al IVE STREET ADDRESS) BALTIMORE, MARYLAND 21201 13b COUNTY NO 15. MOTHER'S MAIDEN NAME MIDDLE CHYMP medicol WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) owden - Saratogo ÷ 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF offer Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause Q PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 bee 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 00 IN CERTIFYING CAUSES OF DEATH? be NO burial-transit p Mental Hygien certificate 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 50 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from DIRECTOR: haspital sow the deceased alive on above. (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death accurred on the date and hour and from the causes stated be detached f e State Dept. c If Hem 22b. SIGNATURE DEGREE

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

FUNERAL

0

IMPORTANT; should be

FUNERAL DIRECTOR

04ª

MEDICAL

DIRECTOR

STAFF

PHYSICIAN.

ATTENDING

PHYSICIAN

COUNTY

22c. DATE SIGNED

YES

COUNTY

YEAR

DAY5

IF UNDER I YEAR

INDUSTRY

2b HOUR

HOURS

126 KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

NO [

STATE

that (I) (we) last

IF UNDER 24 HRS

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within 24 hours ofter

FOR STATE REGISTRAR		DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	
EASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEA

REGISTRAR CERTIFICATE OF DEATH REG. NO.						
1. DECEASED NAME FIRST MIDDLE LAST SHOWDEN 20. DATE OF DEATH MONTH DAY SHOWDEN 8	84. 1030PM					
3. SEX A RACE S. DATE OF BIRTH MONTH DAY VEAR SO YRS  1. RACE S. DATE OF BIRTH MONTHS SO YRS	ER 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.					
76. BIRTHPLACE   ISTATE OR FOREIGN   76. CITIZEN OF WHAT COUNTRY?   8.   MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNTY OF DE   MARRIED   NORCED   BAGO   CTTY	MD.					
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION 12b.	KIND OF BUSINESS OR DUSTRY					
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  131. COUNTY  131. COUNTY  132. CITY OR TOWN  YES NO   2117 Brookfield	Ave 21217					
14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE SNOWDEN LOUISE SOURCE STANDARD SOURCE SOURCE STANDARD SOURCE SOUR	Smith					
160 WAS DECEASED EVER IN U.S. ARMED FORCES?   160 SOCIAL SECURITY NO.   17 INFORMANT ADDRESS   17 INFORMANT YES.   18 YES, GIVE WAR OR DATES)   18 YES, GIVE WAR OR DATES)   18 YES   18 YES, GIVE WAR OR DATES)   19 YES	Pkwy					
IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stating the  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  DUE TO, OR AS A CONSEQUENCE OF  Canditians, if any, which gave rise to immediate					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN I	PART 110 ACCIDENT					
OR CONTRIBUTING CAUSE OF DEATH COUR A.M. MOINT DAT TEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 210. PLACE OF INJURY 211. LOCATION						
220.1 certify that (I) (this haspital) attended the deceased from	that (It (we) lost					
abave. (1) (we) idial (did nat) view the bady after death.	10 DATE 15/8/4					
STEPHEN K. DEAL 220 ADDRESS 301 ST. PAUL M, BUTO. A	UD 21702					
BURIAL 236 BURIAL CREMATION, REMOVAL 8/13/84 Garrison Forest VA Owings Mills,						
Wm C March F/H Inc. 1101 E North Avenue AUG 1 0 1984	SIGNAPIRE John Mandell					

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DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the build-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the

must be dorified of once.

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DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALTIMORE, MARYLAND 2121	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after retained by the hospital or ottending physicion.
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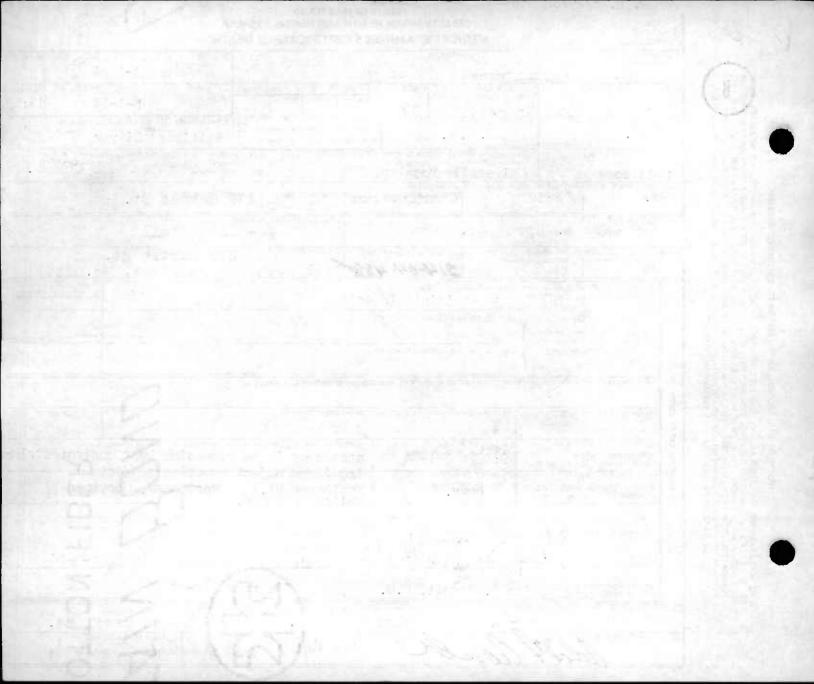
-		STATE 82184 REGISTRAR	ham	DEFARIM		EALTH AND MENTAL HYG CATE OF DEATH	REG. NO.		
		CEASED NAME FIRST	MIC	DDIE	LA	st	20. DATE OF DEATH MC	ONTH DAY	YEAR 2b. HOUR
	ITYPE	OR PRINT]	VRY	S.	SC	YOC	August 15,	1984	17:45
	3. SE	(	4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHD	MONTHS	ER TYEAR IF UNDER 24 HRS
	Female		White	White /		12, 1901	83	YRS	DAYS HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W			□ NEVER MARRIED □	9 BALTIMORE CITY OR		
d	10.6	TY OR TOWN OF DEATH			WIDOWE	DIVORCED TO THE ROTHER INSTITUTION	Baltimor		KIND OF BUSINESS OR
)		Baltimore	Long (	FACILITY, GIVE STREET A Green N	ADDRESS) Jursir	ng Center	(TYPE OF WORK FOR MOST OF W Homema	vorking Life) IND	Öwn Home
一 一 一 一 一	USU. 13e. S	AL RESIDENCE IN NURSING HOME TATE 136. CO		ive residence before 3c. CITY OR TOWN	N	13d INSIDE CITY LIMITS? YES 🗽 NO 🗌	13e STREET ADDRESS / Z 4 Upland		21210
)	14. F./	THER'S NAME FIRST George	MIDDLE	itewart		15. MOTHER'S MAIDEN NA Zaidee	WE	Towns	end
		VAS DECEASED EVER IN U.S.	RMED FORCES? 1	6b. SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRESS	S	
١		res, no or unknown)   [IF YES,	GIVE WAR OR DATES)	217-50-0	0100	Mrs. Ann I	<. Thomas,		APPROXIMATE INTERVAL BETWEEN ONSER AND DEATH
		gove rise to immediate	)	1	eu	mona	eneas	erac 1	001
	rion	cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICAN	(c)		DEATH BUT				
2	TIFICATION	cause (a), stating the underlying cause last	(c)	NTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	20h IF YES, WERI	PART Ital
	CAL CERTIFICATION	cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICAN	I CONDITIONS CON  I 9b. CONDITI  21b. TIME OF HOUR A.M	NTRIBUTING TO D	DEATH BUT	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERI IN CERTIFYING ( YES []	E FINDINGS USED CAUSES OF DEATH? NO []
2=1	MEDICAL CERTIFICATION	cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	196, CONDITIONS COM  197, COND	NTRIBUTING TO D	OPERATION  AY YEAR  19	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERI IN CERTIFYING ( YES IN ITEM 18 PART I OR	E FINDINGS USED CAUSES OF DEATH? NO []
27		Cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION	CONDITIONS CON   19b, CONDITIONS CON   19b	INJURY MONTH DA FINJURY TE, FACTORY, OFFICE, FA	OPERATION  AY YEAR  19  ARM ETC.)	211 LOCATION STREET  211 to the time (my) (and approximately)	200 AUTOPSY?  YES NO X  RED (ENTER NATURE OF INJURY I  CITY OR LOWN  death accurred on the dote	20b IF YES, WERING ( YES  IN ITEM IB PART I OR  CO  and hour and f	E FINDINGS USED CAUSES OF DEATH? NO
29		Cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTIFY MEDICAL EXAMIL 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK (I) (Ithis ho saw the deceased alive above, (I) (I) (II) (II) (II) (III) (II	(c)	INJURY  FINJURY  TELEFACTORY, OFFICE, F.  MOCHANICAL STREET, FACTORY, OFFICE, F.  MOCHANICAL STREET, F.  MOCHANICA	OPERATION  AY YEAR  19  ARM ETC.)	211 LOCATION STREET  211 LOCATION STREET  ATTENDING PHYSICIAN 222 ADDRESS	RED (ENTER NATURE OF INJURY I  CITY OR LOWN  death accurred on the dote  MEDICAL STAFF  DIRECTOR PHYSICIA	20b IF YES, WERING ( YES  IN ITEM IS PART LOR  CO  and hour and f	DUNIY STATE  That (I) (was last from the causes stoted)
29	MEDICAL	Cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN  170. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING OF CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CAUSE OF CAUS	(c)	INJURY INJURY INJURY FINJURY General from Individual from Injury	OPERATION  AY YEAR  19  ARM ETC.)	211 LOCATION STREET  211 LOCATION STREET  ATTENDING PHYSICIAN 222 ADDRESS	200 AUTOPSY?  YES NO X  RED (ENTER NATURE OF INJURY I)  CITY OR IOWN  death accurred on the dote	20b IF YES, WERING ( YES  IN ITEM IS PART LOR  CO  and hour and f	EFINDINGS USED CAUSES OF DEATH? NO DUNITY STATE  That (I) (we) lass from the causes stoted  Delta igner. MD

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STATE OF MARYLAND

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MEDICAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	€+0 <sub>3</sub>	REG. NO.	
mas Spencer	ATE OF DE	ATH MONT	

REGISTRAR DECEASED NAME MIDDLE FIRST YEAR 2b. HOUR (TYPE OR PRINT) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) MONTH 2 70. BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY MOR

WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS). MORE

ATON LIF NURSING HOME OR OTHER INSTITUTION

(TYPE OF WORK FOR MOST OF WORKING LIFE)

MIDDLE

12b. KIND OF BUSINESS OR INDUSTRY

13d. INSIDE CITY LIMITS? NO I 15. MOTHER'S MAIDEN NAME

17 INFORMANT

18 CAUSE OF DEATH (Enter only one couse per line for to Pulmoupo IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

COY OR TOW

166 SOCIAL SECURITY NO

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ADDITION THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

IN CERTIFYING CAUSES OF DEATH? NO YES T NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET

COUNTY STATE

AT WORK 220.1 certify that (this haspital) attended the deceased from sow the deceased plive on obove. the (we) (did) in id non view the body after death

136 COUNTY

(IF YES, GIVE WAR OR DATES)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Conditions, if ony, which gove rise to immediate couse (o), stating the

underlying cause last

and that in the (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIG

22d. PHYSICIAN SA AME TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE AT WORK

21d. INJURY OCCURRED

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN I

22e ADDRESS

23 NAME OF CEMETERY OR CREMATORY

DEGREE

236 DATE (SPECIFY)

BY REGISTRARYS REGISTRAR'S

24. FUNERAL DIRECTOR DHMH - 16 50M 4/B2

FOR - STATE

STATE

14. FATHER'S NAME

IYES NO OR UNKNOWN

(VRA 15, 4)

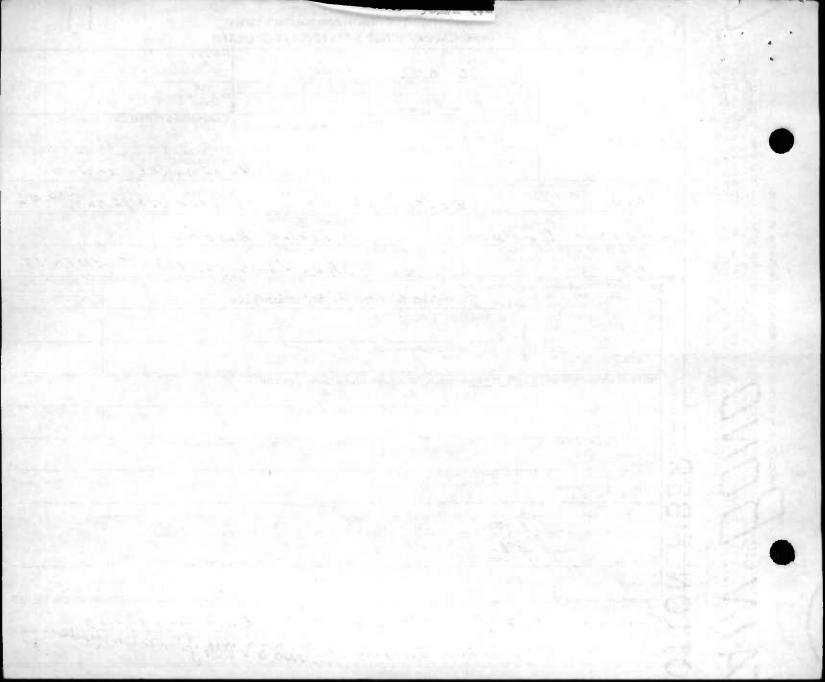
22b. SIGNATURE

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	CAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS	THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE P	SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3, RETAIN PACE.	ERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES (AND 2 SHOULD BE FILED)	STH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION DEWITAL AFCIDEDS	TO DE LA STATE STATE OF THE PROPERTY OF THE PR
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	STATE REGISTRAR			T OF HEALTH AND MENTA MINER'S CERTIFICATI	CEDEATH	5. NO.
	CEASED NAME	FIRST	MIDDLE	LAST	20 DATE KNOWN	
(TV	PE OR PRINT)	Ada	Corpora.	l Spruill		□ 8/24/84,
3 SE		CE 5. D	DATE OF BIRTH 6. AG	E (IN YEARS IF UNDER 1 YR. IF UN	DER 24 HRS. 2c. DATE	MONTH DAY YEAR
		3	1 8 59 2	SYRS. MONTHS DAYS HOUR	DEAD	8/24/8419
1	IRTHPLACE (STATE OR DREIGN COUNTRY) AB FIME AL	MO	CITIZEN OF WHAT COUNTRY?	MARRIED MEVER M.	ARRIED 🔲	nore City
	ITY OR TOWN OF DE	ATH II.	(IF NOT IN SUCH FACILITY, GIVE STREET AD		FOR MOST OF WORKING LIFE)	
LINE I	Baltimore		Francis Scott Ke	ey Medical Cente	r Honsman	de Aplien
lle.	TATE A D	136 COUNTY	BALT P		13e. STREET ADDRESS	11648 KA31
ILE	ATHER'S NAME FIRST	w Co	DDLE LAST	15 MOTHER'S M	AIDEN NAME MIDDLE	LAST
160.	WAS DECEASED EVEL (ES. NO, OR UNKNOWN)		FORCES? 16b. SOCIAL SE	CUDITY NO. 17 INFORMANT	LENNINGS 11.	3 NCULUER
	18 CAUSE OF DEA	TH (Enter anly an	ue cause per line far (a), (b), and (		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	APPROXIMA
	PARTIDEATH	WAS CAUSED BY:	Narcotic	& Alcohol intox:	ication	BFTWEFN ONS
		IMMEDIATE CA	DUE TO, OR AS A CONSEQU	ENCE OF		
	Conditions, if		(b)			
	couse (a) statin	g the <u>under-</u>	DUE TO, OR AS A CONSEQU	ENCE OF		
	lying cause last		(e)		F	
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N	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1 (0)	
ATION	PART 2 OTHER SIGNIFICA			THE TERMINAL DISEASE OR CONDITION GIVEN  H OPERATION WAS PERFORMED?	IN PART 1 (0)	20 AUTOPS
TIFICATION				CT Line Services	IN PART 1 (0)	20 AUTOPSY YES [X
CERTIFICATION	190 DATE OF OPER	JSE WAS	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED?	IN PART 1 (0)  URRED (ENTER NATURE OF INJURY IN ITE	YES [X
CAL CERTIFICATION	190 DATE OF OPER 210 EXTERNAL CAL UNDERLYING CONTRIBUTING	USE WAS OR CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 19		YES [X
AEDICAL CERTIFICATION	196 DATE OF OPER 216 EXTERNAL CAU UNDERLYING CONTRIBUTING 216 INJURY OCCUI WHILE NO	USE WAS OR CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 19		YES [X
MEDICAL CERTIFICATION	190 DATE OF OPER  210 EXTERNAL CAL UNDERLYING CONTRIBUTING 718 INJURY OCCUI WHILE NO	USE WAS OR CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DAY TH P.M. 216 PLACE OF INJURY (ATH	YEAR 19 HOPERATION WAS PERFORMED?	URRED (ENTER NATURE OF INJURY IN ITE	YES X
MEDICAL CERTIFICATION	210 EXTERNAL CALL UNDERLYING CONTRIBUTING 216 INJURY OCCUI WHILE NO AT WORK	USE WAS OR CAUSE OF DEAT RRED T WHILE WORK	216. TIME OF INJURY HOUR A.M. MONTH DAY TH P.M. 216 PLACE OF INJURY (ATH	YEAR 19 HOME. 211 LOCATION STREET	URRED (ENTER NATURE OF INJURY IN ITE	YES X
MEDICAL CERTIFICATION	210 EXTERNAL CALL UNDERLYING CONTRIBUTING 216 INJURY OCCUI WHILE NO AT WORK	USE WAS OR CAUSE OF DEAT RRED T WHILE WORK	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 216. PLACE OF INJURY (ATH STREET, FACTORY, FARM, ETC.)	YEAR 216 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITE	YES X
MEDICAL CERTIFICATION	19a DATE OF OPER  21a EXTERNAL CAL UNDERLYING CONTRIBUTING 21d INJURY OCCUI WHILE AT WORK  22a I certify that death resulted fra	USE WAS OR CAUSE OF DEAT RRED T WHILE WORK	216. TIME OF INJURY HOUR A.M. MONTH DAY TH P.M. 216 PLACE OF INJURY (ATH STREET, FACTORY, FARM, ETC.)	YEAR 216 HOW INJURY OCCU	CITY OR TOWN  sction	YES X
MEDICAL CERTIFICATION	210 EXTERNAL CAL UNDERLYING CONTRIBUTING 21d INJURY OCCUI WHILE WHILE AT WORK 220 I certify tho	USE WAS OR CAUSE OF DEAT RRED T WHILE WORK	216. TIME OF INJURY HOUR A.M. MONTH DAY TH P.M. 216 PLACE OF INJURY (ATH STREET, FACTORY, FARM, ETC.)	YEAR 216 HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY IN ITE  CITY OR TOWN  ection , Inquiry  Undetermined monner	YES X
MEDICAL CERTIFICATION	210 EXTERNAL CAL UNDERLYING CONTRIBUTING 11d INJURY OCCU WHILE AT WORK  220 I certify that death resulted fra	USE WAS OR CAUSE OF DEAT RRED T WHILE WORK I Hook charge of m: Natural co	216. TIME OF INJURY HOUR A.M. MONTH DAY TH P.M. 216 PLACE OF INJURY (ATH STREET, FACTORY, FARM, ETC.)	YEAR  216 HOW INJURY OCCU 19 HOME.  211 LOCATION STREET  Id on Autopsy M, Inspe Suicide M, Homicide TITLE (SPECIFY M.D. ASSIST	CITY OR TOWN  sction	COUNTY  ond in my opinion  DATE SIGNED 8/25
	190 DATE OF OPER  210 EXTERNAL CAL UNDERLYING CONTRIBUTING 21d INJURY OCCUI WHILE AT WORK  220 I certify that death resulted fra  ACTUAL SIGNATURE  EXAMINED SHAM TYPE OF PRINT  SPECIFY SPECIFY SPECIFY  210 CREMATION, SPECIFY SPECI	USE WAS OR CAUSE OF DEAT RRED T WHILE WORK I Hook charge of m: Naturol co	21b. TIME OF INJURY HOUR A.M. MONTH DAY TH P.M. 21e PLACE OF INJURY (ATH STREET, FACTORY, FARM, ETC.)  the remains described above, held	YEAR  216 HOW INJURY OCCU 19 HOME.  211 LOCATION STREET  Id on Autopsy A. Inspect Suicide . Homicide .  TITLE (SPECIFY M.D. ADDRESS 11  OF CEMETERY OR CREMATORY	CITY OR TOWN  ction . Inquiry  Undetermined monner  Cant MEDICAL EXAMINER  1 Penn St., Ba  134 LOCATION  CERTIFICATION  CERTIFICATION  CERTIFICATION  CERTIFICATION  CERTIFICATION  CERTIFICATION  CERTIFICATION	COUNTY  ond in my opinion  DATE SIGNED 8/25  Ito., Md. 2120
23 a. 8	210 EXTERNAL CALL UNDERLYING CONTRIBUTING 21d INJURY OCCUI WHILE AT WORK AT WO	USE WAS OR CAUSE OF DEAT RRED T WHILE WORK I I took charge of m: Natural co	21b. TIME OF INJURY HOUR A.M. MONTH DAY TH P.M. 21e PLACE OF INJURY (ATH STREET, FACTORY, FARM, ETC.)  the remains described above, held	YEAR  216 HOW INJURY OCCU 19  HOME.  211 LOCATION STREET  Id on Autopsy M. Inspe Suicide M. Homicide TITLE (SPECIFY M.D. ADDRESS  11  OF CEMETERY OR CREMATORY  A D D N	CITY OR TOWN  cetion	COUNTY  OND IN MY OPINION  DATE SIGNED 8/25  Ito., Md. 2120



HOLD HOSTITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after extending physician.

FOR STATE

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE IO)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse Io1, storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:  19th DATE OF OPERATION  19th CONDITION FOR WHICH OPERATION WAS PERFORMED  20th INJURY OCCURRED 21th INJURY OCCURRED	26 HOUR
3. SEX    FRACE   S. DATE OF BIRTH   AGE   INVITABLE LASI BRINDAY   YRS   YRS   AGE   INVITABLE LASI BRINDAY   YRS   AGE   INVITABLE LASI BRINDAY   YRS   YRS   AGE   INVITABLE LASI BRINDAY   YRS   YRS   AGE   INVITABLE LASI BRINDAY   YRS   AGE   INVITABLE LASI BRINDAY   YRS   AGE   INVITABLE LASI BRINDAY   YRS   YRS   AGE   INVITABLE LASI BRINDAY   YRS   AGE   AGE   INVITABLE LASI BRINDAY   YRS   AGE	IF UNDER 24
TABLE   STATE OR FORCE   The CITIZEN OF WHAT COUNTRY   S. MARRIED   NEVER MARRIED   DIVORCED   BALTIMORE CITY OR COUNTRY OF DEATH   S. MARRIED   DIVORCED   DIVORCE	" OLIGICA ST
MARRIED NOVER ARRIED NOVER MARRIED NOVER MAR	HOURS
DECITION OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   17a USUAL OCCUPATION   17b USUAL OCCUPATION   17a USUAL O	
COUNTY   C	
SULLA RESIDENCE (# NURSING JONE OF DIRER INSTITUTION OF MER RESIDENCE REGION AND STATE OF DEATH STATE OF DEATH STATE OF COUNTY IS COUNTY IS COUNTY IS COUNTY IS COUNTY IN COUNTY IS COUNTY IN COUNTY IS COUNTY IN COUNTY IN COUNTY IS COUNTY IN THE RESTRICT OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 OF PART 2 OR CORRESSION OF DEATH WAS CAUSED BY:    SOURCE OF STATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED   196 AUTOPSY?   196 AUTOPSY?   196 AUTOPSY?   197 OR CONTRIBUTION OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 OR PART 2 OR CONTRIBUTION OF COUNTY OR C	
FATHER'S NAME	
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THE WAS DECEASED EVER IN U.S. ARMED FORCES?  If YES, ONE WAS DECEASED EVER IN U.S. ARMED FORCES?  If YES, ONE WAS CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  If YES, ONE WAS CONTRIBUTING OR CONTRIBUTION OF COUNTY IN THE WAS CAUSED BY:  IMMEDIATE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.  If YES, ONE WAS DECEASED EVER IN U.S. ARMED FORCES?  IN ACTUAL OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IN INCERTIFYING CAUSES YES OR CONDITION FOR WHICH OPERATION WAS PERFORMED  If YES, ONE WAS DECEASED EVER IN U.S. ARMED FORCES?  If YES, ONE WAS DECEASED EVER IN U.S. ARMED FORCES?  IT YES OF WAS DECEASED EVER IN U.S. ARMED FORCES?  IT YES OF WAS DECEASED EVER IN U.S. ARMED FORCES?  IT YES OF WAS DECEASED EVER IN U.S. ARMED FORCES?  IT YES OF WAS DECEASED EVER IN U.S. ARMED FORCES?  IT YES OF WAS DECEASED SOFT OF WAS DECEASED.  IT YES OF WAS DECEASED SOFT OF WAS DECEASED.  IT YES OF WAS DECEASED SOFT OF WAS DECEASED.  IT YES OF	neis.
SCAUSE OF DEATH lEnter only one cause per line for (o), (b), and (c).)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)	1612
PART I. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE   10	
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19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? . 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) OR CONTRIBUTING 2 CAUSE OF DEATH 4 HOUR A.M. MONTH DAY YEAR 16 FINDING CAUSE OF DEATH 4 HOUR A.M. MONTH DAY YEAR 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 2711 LOCATION STREET CITY OR TOWN COUNTY 22a.1 certify that (II) (this hospital) attended the deceased from 19b CONDITION of WHICE 21a. TOWN 19b CONDITION 19b	
OR CONTRIBUTION COLOR OF DEATH  OR CONTRIBUTION COLOR OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d IN JURY OCCURRED  21d IN JURY OCCURRED  AT WORK  AT WORK  22a,1 certify that (I) (this haspital) attended the deceased from  22a,1 certify that (I) (this haspital) attended the deceased from  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  22a,1 certify that (I) (this haspital) attended the deceased from  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	0
OR CONTRIBUTION COLOR OF DEATH  OR	
OR CONTRIBUTION COLOR OF DEATH  OR	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAK  (IF EITHER, NOTHY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHIE AT WORK NOTWHIE AT WORK  22a.1 certify that (I) (this hospital) attended the deceased from	NO []
OR CONTRIBUTION COLOR OF DEATH  OR	
216 INJURY OCCURRED 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 218. I CONTY 219. I CONTY 210. I CONTY 210. I CONTY 210. I CONTY 210. I CONTY 211. I CONTON 211. I CONTON 211. I CONTON 212. I CONTY 212. I CONTON 213. I CONTY 214. I CONTON 214. I CONTON 215. I CONTON 215. I CONTON 216. I CONTON 217. I CONTON 217. I CONTON 218. I	
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27 a.1 certify that (I) (this haspital) attended the deceased from	STA
	that (I) (we
sow the deceased alive an	
above, (1) (we) (digh) (did not with the body of the death	
27b. SIGNATURE 27c. DATE	SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	1/1
774 PHYSICIAN'S NAME (Type on PRINT) 1726 ADDRESS	
Howard Marnes UNIVERSITY OF MO, HOSP, BAL	
236 BURIAL, CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OR CREMATORY 236 LOCATION	TIMO
(SPECIN)	
- BURIAL AUG, 11, 1984 MEADOWRIDGE BARK ELKRIDGE HOWARD	5TA
4/83 24 FUNERAL DIRECTOR 12590 INDIAN HILL DAILE 250 DATE REC'D. BY REGISTRAR'S SIGNAT	STA

DHMH - 16 50M 4/83 (VRA 15, 4)

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# STATE OF MARYLAND

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1-	STATE REGISTRAR		DEFARIA		ICATE OF DEATH		EG. NO.		
	CEASED NAME FIRST		AIDDLE	1	AST	20. DATE OF DEA	ATH MONTH	DAY YEAR	26 HOUR 12
(TYPE	ES	TELLE	FRANCES	ST	AEBNER	AU	GUST 10	,1984	6.50 M
3. SE	X	4. RACE		S. DATE C		6. AGE (IN YEARS I	AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	White		De	c. 2,1890 YEAR	93	YKS.		MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE C	ITY OR COUNT	Y OF DEATH	
	New Hampshire	USA		WIDOWE	_	Ва	altimore	City	MD.
10. CI	Baltimore		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCC		126. KIND O	OF BUSINESS OR
13a S	AL RESIDENCE (IF NURSING HOM STATE 13b, CC aryland	E OR OTHER INSTITUTION, DUNTY	GIVE RESIDENCE BEFORE 134. CITY OR TOW Baltimo	N	13d INSIDE CITY LIMITS? YES A NO		RESS / ZIP COD	Rd. 2	1212
14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		DDLE	IAS	
	Frank G. Emer	son			Etta F. l	Merrill		143	
16a. V	WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17. INFORMANT	1.3	ADDRESS		
- 0	YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	224-64-	7565	Mrs. Ruth S.	Wood	Same	,	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O  DUE TO, O  DUE TO, O  (c)	R AS A CONSEQUE	NCE OF	Pheumator	of arth	tersal inter	10	tys.
N N	PART 2. OTHER SIGNIFICAN	NI CONDITIONS CO	Leave and	line	alexi	Sele	WY .	VEN IN PART III	D,
CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY	IN CERTI	S, WERE FINDING CAUSES	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE O	OF INJURY IN ITEM 18	PART I OR PART 2)	
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	- 6	7707	£ 000	MAN
	22a.1 certify that (1) (this h saw the deceased alive above, (1) (very third) (die	on 7	26 19	84.0	nd that in (my) (44) apinian	death occurre	the delt and have		that (II (with last couses stated
	27b. SIGNATURE	g. Ph	amber	N	The state of the s	DIRECTOR P	STAFF HYSICIAN [	22c. DATE	10 84
	22d. PHYSICIAN'S NAME (T)	PE OR PRINT)			124 ADEIRESS				/

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

MPORTANT: # He

23a. BURIAL, CREMATION, REMOVAL 236 DATE Burial Aug. 13,1984

Earl L. Chambers, M.D.

23c. NAME OF CEMETERY OR CREMATORY 0akwood

Charlcotte Place Baltimore, Md. 21218

24 FUNERAL DIRECTOR 6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

ATORY POR LOCATION COUNTY FAILS Church City, Virginia

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attended provided in a should be detacked for use as the burial-transit permit. Then please in minimate transportation with the State Dept. of Health and Mental Hygiene prior to burial, attendations or emperation.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law etoined by the hospital or attending physicion.

### STATE OF MARYLAND

DEPARTM

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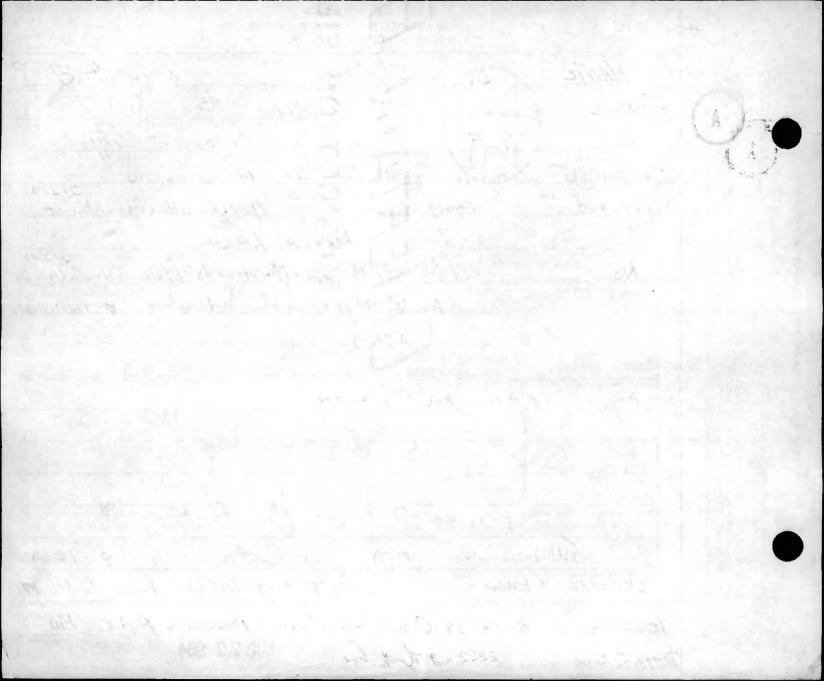
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST	MIDDLE	Staten	20 DATE OF DEATH MON	-13-84 26 HOUR -
3. SE:	-EMALE	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAT	Y RS IF UNDER LYEAR IF UNDER 24 HRS
	SIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	RARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR CO	DUNTY OF BEATH
10.0	BAHIMOOF 1	AFAVETE S	TABLE NS9. CE	174 USUAL OCCUPATION	REMISSINES OF BUSINESS OF
N	AL RESIDENCE (I NURSING HOME OF CH STATE THE COUNTY PARYLAND	IS CITY OR TO	NN USE INSIDE CITY LIMITS?	13s STREET ADDRESS	LL PARIL DRIVE
	ATHER'S NAME	1	DELLA	LARK	LAN
like, V	WAS DECEASED EVER IN U.S. ARME	DEFORCEST IN SOUTAL SEC.	82537 MRSWILLIEME	ADDRESS WE ALKENS 727	Danco Nurtakaro
	18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED & IMMEDIATE O	Α	ite Myocardia	1 Infaset	8- (MMEDIA
		DUE TO OF IT A CONTROL	SAICE OF		
N	Conditions, if any, which gove the to immediate cause to stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT COL	1. Oc h	ASHD	inal disease or condition	DN GIVEN IN PART 11:0
TIFICATION	gove the to immediate course to stating the underlying course last	DUE TO OR AS A CONSEQUENCY OF CONTRIBUTING TO	ASHD JENCE OF	200 AUTOPSY? 200	D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
DICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT COM	DUE TO OR AS A CONSEQUENCY  POCK WALL  196. CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH E  P.M.	DEATH BUT, NOT RELATED TO THE TERM HOPERATION WAS PERFORMED  21c. HOW INJURY OCCUR	20a AUTOPSY? 20t	I. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \( \text{NO} \)
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT COL  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	DUE TO OR AS A CONSEQUENCY OF THE PROPERTY OF	DEATH BUT, NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  DAY YEAR 19 216 LOCATION	200 AUTOPSY?   201   IN	I. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
	PART 2 OTHER SIGNIFICANT COL  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER)  210. INJURY OCCURRED  WHITE  WHITE  NOT WHITE  AT WORK  AT WORK	DUE TO OR AS A CONSEQUENCY OF THE PROPERTY OF	DEATH BUT, NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED  21c. HOW INJURY OCCUR  19  21f. LOCATION  STREET  DEGREE  ATTENDING	200 AUTOPSY? 200 IN  YES NO CONTROL OF INJURY IN I	COUNTY STATE  COUNTY STATE  126. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO  COUNTY STATE  19 that (1) (we) lost nd hour and from the causes stated

DHMH - 16 50M 1/81 (VRA 15, 4)

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24 FUNERAL DIRECTOR

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ATTENDING PHYSICIAN: The low

TO HOSPITAL

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

V	REGISTRAR		CERTIFICATI	OF DEATH	REG. NO	).			
ī	. DECEASED NAME FIRST	MIDDLE	LAST			MONTH OA	AY YEAR	2h. HOUR	
	ROBERT	F. ST	TAUB		8	3 8	34	10:45P M	
1	3. SEX	4. RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRT		FUNDER 1 YEAR	IF UNDER 24 HRS	_
ł	Ma1e	White	MONTH 3	19 22	62	YRS	DATS	GOOKS MIN.	
ľ	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	VEVER MARRIED	9 BALTIMORE CITY OF				
1	New York	U.S.A.	WIDOWED	DIVORCED	BALTIMORE	, CITY		MD	
1	Baltimore	11. NAME OF HOSPITAL, NURS IN 11. (IF NOT IN SUCH FACILITY, GIVE STREET 3900 LOCH RAVEN	ADDRESS)		120 USUAL OCCUPATE ITYPE OF WORK FOR MOST OF Deliverma	WORKING LIFE	12b KIND C INDUSTRY, Balti	Delivery	(
1	USUAL RESIDENCE IF NURSING HOME OF 136 STATE 136 COUL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION) /N 13d. IN YES	SIDE CITY LIMITS?	13e STREET ADDRESS / 3736 Clare	ZIP CODE		21229	
T	4 FATHER'S NAME FIRST Anthony	MIDOLE LAST Stau		OTHER'S MAIDEN NA/ Ethe1	WE		Sch	aefer	
+	6a WAS DECEASED EVER IN U.S. AF			FORMANT	ADDRE	SS	DCII	delei	-
		W II 214-12-	8573 Fr	ances Stau	ıb 3736 Cla	renel		21229	_
F	III. CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), on	nd (c).)				BETWEEN	ONSET AND DEATH	_
ı	PART I. DEATH WAS CAUSE	TE CAUSE 10) RENAL	CELL C	AREINOMA					
		DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO	DEATH BUT NOT R		INAL DISEASE OR CONE		WERE FINDI		=
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION WAS	PERFORMED	YES NO	IN CERTIFY YES	ING CAUSES	S OF DEATH?	
		HOUR A.M. MONTH D		IOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RII OR PART 2)		_
	OR CONTRIBUTING CAUSE OF GE  (IF EITHER NOTIFY MEDICAL EXAMINE  214. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		OCATION STREET	CITY OR TO	VN	COUNTY	STATE	
I	22a.1 certify thatX() (this hosp	oital) attended the deceased from.		. 184	. 10.8/3	-	•	thofX(I) (we) lost	
ı	sow the deceased alive or obove XI) (we) (did) XXXX	n 8/3 Of view the body ofter death.	4, and that	(our) opinion	deoth occurred on the do	te and hour	ond from the	couses stated	
I	27b. Sp. Than the	C Cak 1	DEGRE	ATTENDING PHYSICIAN	MEDICAL STAP		8-4		
1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. A	ADDRESS					-
1	Robert C. Cal	k	3	3900 LOCH F	RAVEN BLVD,	BALTO	MD.	21218	
Í	230. BURIAL, CREMATION, REMOVAL			RY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE	
	Burial	8/7/84	Crownsvil	le Vet. Ce	em. Crownsv		A.A.	Maryla	no
П	24 ELINEDAL DIDECTOR			25g D.M.T	E PEC'D BY PEGISTRAP	25h PECUSTE	ADES SIGNA	TIADE	-

DHMH - 16 50M 4/83 (VRA 15, 4)

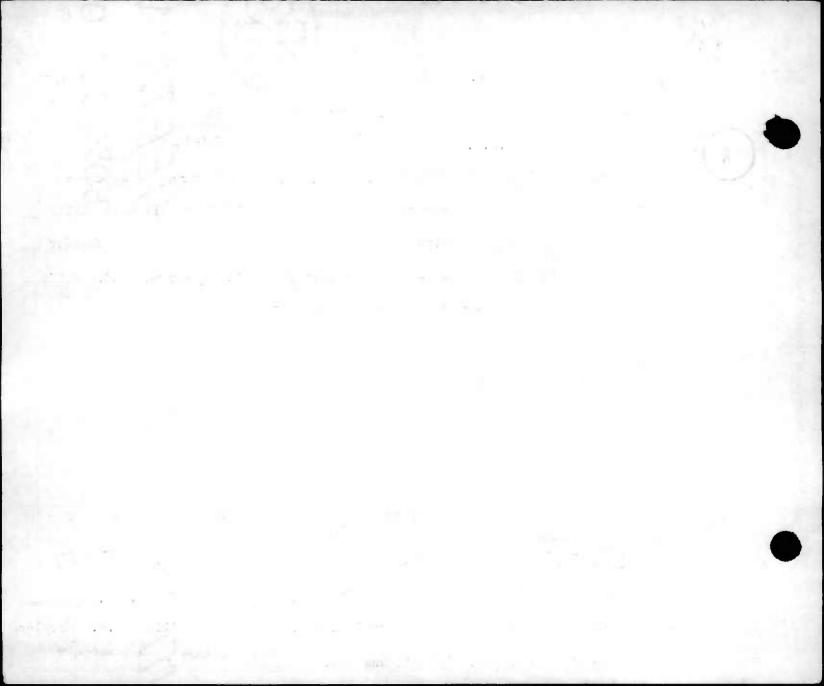
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cathologic be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

or then 18 shares any injury, or other froumotic event, the

MFORTANT If them 21 is monked

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DATERS D. BY REGISTRANZS HEGISTRANZS SIGNATURE DAY AS DAY



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IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner dust be

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Į		REGISTRAR			CEKIII	ICATE OF DEATH	REG. N	10.				
Ì		CEASED NAME FIRST		MIDDLE	- 1	AST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	_
ı	[ I TPE	Muria	x de	Lex	St	reel		8	20	84	555 p	М
ľ	3. SEX		RACE		5. DATE C		6. AGE (IN YEARS LAST B	IRTHDAY)	# UND	DAYS	IF UNDER 24 HR	
1		WALE	WI	HITE	MONTH	5 DAY 30 YEAR 43	41	YR:	s		HOURS MIT	4.
Į		RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	OR COUN	NTY OF D	EATH	3 7 16	
1		nut	US	A	WIDOWE		Boltiv	Nor	e C	try	,	MD.
1	10 CH	LINVEDE VUT		HOSPITAL, NURSIN THEACHLTY, GIVE STREET.		DROTHER INSTITUTION	170 USUAL OCCUPA (TYPE OF WNON EOST XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	OF WORKIN	GLEE) IN	NO	íf business C NE	)R
1	USUA 130. S	AL RESIDENCE HE NURSING HOME OF TATE 136. COUN	OTHER INSTITUTION	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			(2	1215) ,APT.20	<u> </u>
4		1ARY LAND		BALTIMO	RE	YES XX NO	0011					<u></u>
	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE	S	CHNE	1.65	I	
1		Frank	1.65	Steel	8 11	Edva					XXXX	
ł		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO.	WEITE, PUNK AK	MAN BAYLAR	FF FF	RIEDL	ANDE	R,P.A.	
Į		No				ATTN: RICHAR	RYST D A. FRIED	LANDE			30.75	
ľ		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per	line for (a), (b), on	d (c)					BETWEEN	MATE INTERVAL ONSET AND DEAT	н
1		IMMEDIA	TE CAUSE (0)	ardiova	scul	ar collabre						
Į			DUE TO, O	R AS A CONSEQUE	ENCE_OF			1				
1		Conditions, if ony, which	( (b)	AVCan	al	atriover	triculas	~)				
ı		gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	ENCE OF							
ı		underlying couse lost.	(c)_	W-03/17	/	31					100	
۱	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NOITION	GIVEN IN	PART 110	9	
	CERTIFICATION											
	CA	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	70a AUTOPSY?				OF DEATH?	
	RTIF	8/20/84		ventrice	rale	canal	YES NO		YES 🗌		NO 🗌	
	CE	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	1100110 4	FINJURY M. MONTH DA	AY YEAR	71c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	URY IN ITEM	18 PART I O	R PART 2)		
ı	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	AID.	Μ.	19							
ı	MEDICAL	21d INJURY OCCURRED	71e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	AGAA ETC.)	211 LOCATION	CITY OR I	OWN	co	OUNTY	STATE	
ı	Σ	WHILE NOT WHILE AT WORK	(ATTOME, SI	REET, FACTORY, OFFICE, F	Anm, erc j		1			-1		
ı		220.1 certify that (1) (this hosp	itol attended th	e deceosed from_	8/10	1 1984	to & 2	0	199	<u>4.</u>	that ( (we)	051
ı		saw the decessed alive on above, (f) (web) did hid hid	It! was the body	oltar dedilik	54_,0	nd that in (my) (our) opinion	death occurred on the	dote and	hour and	from the	couses stated	
ı		276. SIGNATORE		Ho		DEGREE			2	TE DATE	SIGNED	
1		440110	W.	Pre-		ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN 🖼		812	0 kg4	
1		77d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	-		77e ADDRESS				211		
1		Ellen I	Deut	Sch		Univ. of	ND. Ho	5500	too			
1		URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION	-	cour	NIY	44 - 3 - E1 A/E	
		BURTAL	8/22/		ALTIM		A BALTIMO	)RE		N	MARYLÄN	1D
1		INERAL DIRECTOR SO	L LEVINS	ON & BRO	S, INC	. 25a. DAT	E REC'D. BY REGISTRA	R 256. BEG	ISTRAB'S	SIGNAT	URE	
	6	010 REISTERSTO	WN RD. I	BALTIMORE	, MARY	LAND 21215 A	UG 2 7 1984	9:11	ra- wal	I CLUSTON	Madage	

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

1.	FOR				EALTH AND MENTAL HYG	TENE -	0	0
	REGISTRAR			ERIIF	ICATE OF DEATH	REG. NO.		
1. DE	CEASED NAME . FIRST		MIDDLE	a 1	AST	20. DATE OF DEATH MONTH	DAY YEAR	R 26 HOUR
(TYPI	OR PRINT)		6	-		0 - 20	Q1	1:400
	Anna		ن	151	uperc,	0 -04	IF UNDER 1 YE	FAR IF UNDER 24 HRS
3. SE	X	4 RACE	5	. DATE C	OF BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DA	
1	ماد مده	whi	L-P.	11	- 100/	70 YF		
70 B	RTHPLACE (STATE OR FOREIGN	7h CITIZEN OF	WHAT COUNTRY? 8.	10		9 BALTIMORE CITY OR COU		1
5	QUNTRY) .	1.0	1		D NEVER MARRIED	12 11.	01	
1	Kussia	45		VIDOWE		Veltimore	City	MD.
10-5	TY OR TOWN OF DEATH		HOSPITAL, NURSING THEACILITY, GIM STREET ADD		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIN	D OF BUSINESS OR
X	etimore	1 20	bindale	>		Ban Main	1110	Liquors
USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION		MISSION)		LUSAL THAIR		
13a.	TATE 136. COU	VTY	13c. CITY OR TOWN		136 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C		21209
	Maryland		Baltim	ore	YES NO	5946 Greenmea	dow Pkw	V
14. F/	THER'S NAME		1.67		15. MOTHER'S MAIDEN NA	ME		LAST
	FIRST	MIDDLE	LAST		FIRST No. 2			LASI
17. 1	Morris VAS DECEASED EVER IN U.S. AF	MED EODGESS	Tompak		Miria 17 INFORMANT	ADDRECE		
		/E WAR OR DATES)	168 SOCIAL SECURIT	Y 140.	II INFORMAINT	Applicas	1808-52r	nd Ave.West
	No		218-01-5	922	Sylvia Ste	inberg Brade	enton. I	Florida
	18 CAUSE OF DEATH (Enter or	ly one couse per	line for (a) (b) and (	1.1	0	11 (	BETWI	ROXIMATE INTERVAL
	PART I. DEATH WAS CAUSE	D BY:	Cancer	- 0	lung with	Meta stale	R. Z	I montho
	IMMEDIA	TE CAUSE (o)	Curices	7	1000	, ,	7	777777
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	Conditions, if any, which	(b)						
	gove rise to immediate	)						
1	cause (o), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUEN	CE OF			4 1/4	
16	, ,	(c)						
	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO DE	ATH BUT	NOT PELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PAR	T lia
CERTIFICATION	HSCV	DI B	topsal of	1 BY	that on	Dementi	2.	
A	19a DATE OF OPERATION	196. COND	ITION FOR WHICH OF	PERATIO	N WAS PERFORMED		YES, WERE FIN	
문		9.9				_ \_/	RTIFYING CAU	SES OF DEATH?
E					Tat (love) billion o cover	YES NO.		
2	OR CONTRIBUTING CAUSE OF DE		M. MONTH DAY	YEAR	TIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	IB PART TORPART	7)
1 ×	(IF EITHER, NOTIFY MEDICAL EXAMINE		Μ.	19				
MEDICAL	21d INJURY OCCURRED		OF INJURY		21f. LOCATION		COUNTY	47.17
X	WHILE NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE, FARA	A, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
100	AT WORK AT WORK				- 10 21 00	C lost	1 0	,
	22a.l certify that (1) (this hosp			,	5 123484	, 10 8/24	L. 19-54	_, that HT (we) last
	saw the deceased alive ar above, (H)(we) (did) (did as		1 7 7		nd that in (my (aur) opinion	death occurred an the date and	hour and from	the causes stated
110	22b. SIGNATURE	N I'me body	ener deark.		DEGREE		22c. D.	ATE SIGNED,
	Win	then			MAN ATTENDING	MEDICAL STAFF		8124/800
1					PHYSICIAN	** DIRECTOR   PHYSICIAN		1-1104
1	226 PHYSICIAN'S NAME LIVE	DR PRINT)	Will m -	2101	72e ADDRESS	1. Parinda	Sh'	11-0- 10
	In the		HIN.M. T.	NA	Levmuay	I geriage	110.	Jushital.
230	BURIAL CREMATION, REMOVAL	23b. DATE	730 NIA	ME OF C	EMETERY OR CREMATORY	1234 LOCATION		
	(SPECIFY) Burial		7			CITY OR TOWN	COUNTY	Marrel and

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and ca should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1, with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If them 21 is marked or frem 18 shaws any injury, or other troumatic event, the medical

ond completely filled in by the funeral director ages 1<sub>7</sub> ond 2 should be filed within 72 hours of

Hebrew Memorial F.H., Inc. Pikesville, Md.

Yakov Cemetery Baltimore Registrarish Regist

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1 - hr /ke/s - h- /s 2/3 - hr /ha/	
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requires that the death certificate be executed within 24 hours offe

ATTENDING PHYSICIAN: The low

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etoined by the hospital or attending physician

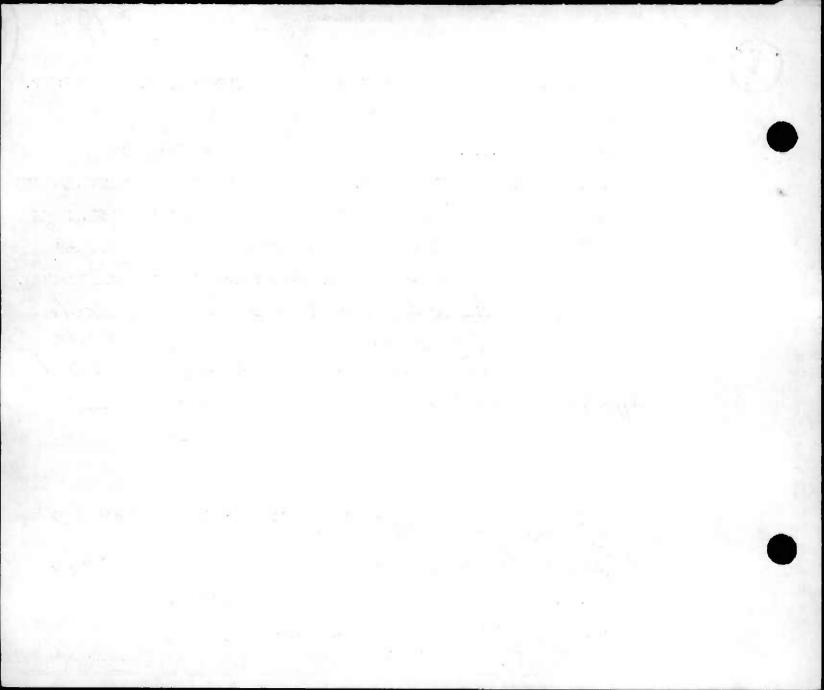
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the lumeral dissolubbe detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled writtin 72 has with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGYENE CEPTIFICATE OF DEATH

				VIIIICAIL OI		REG	, NO.		
	EASED NAME FIRST	MIDDLE		LAST		20 DATE OF DEAT	нтиом Н	DAY YEAR	2b. HOUR
TITTE OR	LOUIS	5	5	STEINER		AUGUST	6, 19	84	8:30P
3. SEX		4 RACE		ATE OF BIRTH		6 AGE (IN YEARS LAS		MONTHS DAT	
	MALE	WHITE		PRIL 23,	1903	81	YRS		S HOURS MI
	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRYS	RRIEDXIX NEVER		9. BALTIMORE CIT	Y OR COUN	TY OF DEATH	
COL	AUSTRIA	U.S.A.			NORCED	BAL	TIMORE	CITY	/
10 CITY	Y OR TOWN OF DEATH		TAL, NURSING HO		STITUTION	120. USUAL OCCUP			OF BUSINESS
	BALTIMORE		STERSTOWN		215	SUPERVI			CLEANI
USUAL 13¢. STA	RESIDENCE (IF NURSING HOME O		SIDENCE BEFORE ADMIS		CITY LIMITS?	13e.STREET ADDRE			
	IARYLAND		BALTIMORE		NO 🗌				21215
14. FATE	HER'S NAME	WIDDLE	LAST	15. MOTHER	S MAIDEN NA			_	(AST
	LEOPOLD		TEINER		HERMIN		c		KNOWN
	AS DECEASED EVER IN U.S. A	RMED FORCES? 16b. S	OCIAL SECURITY N	10. 17. INFORM			DRESS	21215	
{YES	S, NO OR UNKNOWN) (IF YES, G		12-03-988	MRS.	LILLIA	N STEINER	6923		
10	8 CAUSE OF DEATH (Enter o	nly one couse per ne fo	or (a) (b), and (c).)	,	0	1 1		APPR	OXIMATE INTERVAL EN ONSET AND DEA
		ED BY: TE CAUSE (0) A CU		ocardio	of In	motern			culo.
					1			1	
	Condition II III	DUE TO, OR LS	CONSEQUENCE	00 110	-land			He	ule
	Conditions, if any, which	(6)						1.0	
		(0)	U ULALIA	177	Menn				,
	gove rise to immediate couse (a), stating the	DUE TO,	CONSEQUENCE	of 1	Louis	1-11-		15	Casi.
	gove rise to immediate	DUE TO,	nerali	sed as	teno	deros	a'	15	qui
P	gove rise to immediate couse (a), stating the	10 De	CONSEQUENCE BUTING TO DEA	el an	Lews D TO THE TERM	Clerosi INAL DISEASE OR C	ONDITION C	/3	421
P	gove rise to immediate couse (a), stating the underlying couse last.	CONDITIONS CONTRI	ageal	dive	Jews DIO THE TERM	Clerosi Inal disease or c	low	treter	n C
P	gove rise to immediate couse (a), stating the underlying couse last.	CONDITIONS CONTRI	BUTING TO DEA	dive	D TO THE TERM	COLORI INAL DISEASE OR C	lous 120b IF Y	ES, WERE FIN	DINGS USED
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DHMH - 16 50M 4/83 (VRA 15, 4)



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

executed within 24 haurs ofter death. Page 4 may be

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.	
	ECEASED NAME	FIRST		MIDDLE	ι	AST	20 DATE OF DEATH		2b. HOUR
		Alonzo	)	Preston		Sterling	August 1	9, 1984	
3. SE	X		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BE		EAR IF UNDER 24 H
	Male		Whi	te	Ma	48, 1897	87	YRS.	
	SIRTHPLACE (STATE C	R FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH	1
1	Many	land	USA		WIDOWE		Baltimo	re (ity	
10. C	ITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		D OF BUSINESS
2	Baltimore					ral Hospital	Ret. Balt		e Groce
USU 13e	JAL RESIDENCE (# N	URSING HOME OR		GIVE RESIDENCE BEFOR		13d, INSIDE CITY LIMITS?	13e. STREET ADDRESS		
M	lanyland			Baltimo		YES X NO		int Victor	St., 21.
14. E	ATHÉR'S NAME		NODLE	_ LAST		15. MOTHER'S MAIDEN NA			TAST
4	Isaac		NOOLE	Sterlin	a	Cornelia	MIDDLE	St	enling
	WAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS Balto.,	Md. 292
	Yes	(111) 1	1	213-10-	2365	Dannell L.	Sterling 3	624 St. Vic	ton St.
	18. CAUSE OF DE	ATH (Enter anl	y ane couse per	line for (a), (b), an	d (c1.)	\		APP BETWI	ROXIMATE INTERVAL
	PART I. DEATH	WAS CAUSED	Ó BY: E CAUSE (Ø)	Rustan	e al	lowed and	ursin	11	2 min
z	PART 2. OTHER S		ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TER/	AINAL DISEASE OR COM	NDITION GIVEN IN PAR	T 1(o)
CERTIFICATION	190. DATE OF OPE	RATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU YES	
7 8	21a. ACCIDENT WAS		21b. TIME O		AY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJ	JRY IN ITEM 18, PART 1 OR PART	2)
1 3	OR CONTRIBUTING [		111	M.	19	0.0	1.0		
MEDICAL	21d. INJURY OCC		21e. PLACE	OF INJURY	ARM. ETC.)	21f LOCATION STREET	CITY OR TO	WN COLME	STATE
2	AT WORK AT	WORK			11	11 00	001	~	
	22a. I certify that		/	e deceased from_	24	000	, to	19	, that (I) (we)
	above, (1) (we	osed alive an	yew Michaely	alter death	5 4.01	nd that in (my) (our) opinion	death occurred the c		
	226. SIGNATURE	( 8	10	6	)	DEGREE	MEDICAL STA		ATE SIGNED
/	11-11	21	nen	00/			MEDICAL STA		195)
	22d. PHYSICIAN'S	NAME (TYPE OR	PRINT)	)	1	22e. ADDRESS		5 170	1/11/
	154	· LEG	TUER!	h		100 KON	NINGYON /	ve bore	11/16
	BURIAL, CREMATIC	N, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23 LOCATION	COUNTY	STATE
	Buri	al	8/23/	1984 M	eadow	ridge Mem. Pk	Elkrido	e. Howard C	a M

BP. DHMH - 16 25M

(VR A 15 (4) ) 9/74

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in 5y the funnish should be detached for use as the burial-transit permit. Then please remove carbanapapers. Pages 1 and 2 should be filled within 72 h with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

24. FUNERAL DIRECTOR

NAME Funeral Homes

Patapsco 21225 Ave.

arridge.

250. DATE RECID BY REGISTRAR ISO. REGISTRAR'S SIGNATURE
AUG 2 1 1984 Fulia Davidson Rendell

N.W. Steam entrett gewone purch the second of Eller, Teacher Little Committee was been a little committee of the committ miles of the control Child land protection of the state of the st MANAGEMENT OF  4 moy be

by the ottending physicion and completely filled in by the funer ose remove carbon popers. Pages 1 and 2 should by

medicol

injury, or other troumotic event, the

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physiciar

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	REGISTRAR				CERTIF	ICATE OF D	HTAS		REG. NO	,			
	CEASED NAME	FIRST	N	NIDDLE	L	AST		20 DATE OF	DEATH /	HINOM	DAY YEAR	26 HO	UR
(ITE		RNICE			STE	WART				8	6 84	8:0	09. M
3. SE	х	4	RACE		5. DATE C			6. AGE (IN YE	ARS LAST BIRTI		IF UNDER 1 YEA		R 24 HRS
-	Female		Bla	ack	MONTH 7	15	26	58	3	YRS.	MONTHS DAY	HOURS	MIN.
	RTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUNTRY?	8	D NEVER M		9 BALTIMO	RE CITY OF		OF DEATH		
	Maryland		U.S	.A.	WIDOWE		ORCED	BA	LTIMO	IDE	CITY,		MD.
-	ITY OR TOWN OF DEA	TH I	1. NAME OF H	IOSPITAL, NURSIN	G HOME C			12a USUAL C	CCUPATIO	N	12b, KIND	OF BUSIN	
B	ALTIMORE	CITY		N MEMOR		HOSPIT	ΔT.	(TYPE OF WORK	FOR MOST OF	WORKING (IF	(E) INDUSTR	Υ	
USU.	AL RESIDENCE (IF NURS	ING HOME OF O	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			La crorer a	DDDF66 /	710 0001			
	Maryland	136 COUNT	Υ	Baltir		13d INSIDE CI YES XX		13e STREET A			t Str	eet.	2121
	THER'S NAME					15. MOTHER'S	MAIDENNA						
	Percy	M	IDDLE	Jacks	son	01	ivia		MIDDIE		Walk	AST Cer	
Ión V	VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SECU		17 INFORMAL			ADDRES	S	110,11	.01	
(	NO OR UNKNOWN)	I IF YES, GIVE	WAR OR DATES)	216-16-	-2580	Vern	on Ste	ewart	1931	Eas	t 31s	st St	t.
	18 CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b), one	d (C)						APPRO BETWEE	DXIMATE INTI	ERVAL ID DEATH
	PART I. DE ATH W	AS CAUSED		respu	nto	ux a	me	de			imi	nadi	ate
			DUE TO OF	R AS A CONSEQUE	NCE OF	0							
	Conditions, if ony,	which	(b)_	pneu	ma	nin					11	ue	)
	gove rise to imn couse (a), statin		DUE TO OF	R AS A CONSEQUE	NCE OF						10	200	
	underlying couse	lost	( (c) C			oino?	na	08	lun	9		8 2	~
_	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS <u>CC</u>	INTRIBUTING TO E	EATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASE	OR COND	ITION GIV	EN IN PART	110	
NO.													
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOI	MED	20a AUTO	PSY?		S, WERE FINE		
TIF								YES 🗌	NO	YE		NO	
	OR CONTRIBUTING		21b. TIME O	FINJURY M. MONTH DA	YEAR	216 HOW IN.	URY OCCURE	RED (ENTERNAT	URE OF INJUR	F IN ITEM IB F	PARTIOR PART?	)	
MEDICAL	(IF EITHER NOTHY MEDIC		P./	M.	19								
EDI	21d INJURY OCCURE	RED	21e PLACE C	OF INJURY BET FACTORY OFFICE F	ARM FTC )	21F LOCATIO	N		CITY OR TOW	/N	COUNTY		STATE
>	AT WORK AT WOLWH	RK -		er racion once i									
	22a.l certify that (I)	(this hospite		deceased from_	8 -	6	. 19_8 4	to	8-6		1984	, that (I)	(we) lost
	sow the decease above, (I) (we) (c		g - 0	after death	87	nd that in (my)	our) opinion	death occurred	d on the do	te and hou	ii and from th	ne causes s	toted
	22b. SIGNATURE					DEGREE					22 E DA	TE SIGNED	)
	Lanne	tte	C- X	In Place	1100		TTENDING HYSICIAN [	MEDICAL DIRECTOR {	STAF		8.	-6-	24
	224. PHYSICIAN'S NA	AME ITYPE OR	PRINT)			22e ADDRESS	,						-
	LANNET	ר בי	LINTH	TCIIM		UNI	ON ME	MORIA	L HOS	SPIT	AL		
	BURIAL, CREMATION,		23b. DATE		AME OF C	EMETERY OR C	REMATORY	23d. LOCA					
	BURTAT.		8/9/	84 5+	ጥЪ	omac C	omo+ o		ORTOWN		COUNTY	347	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

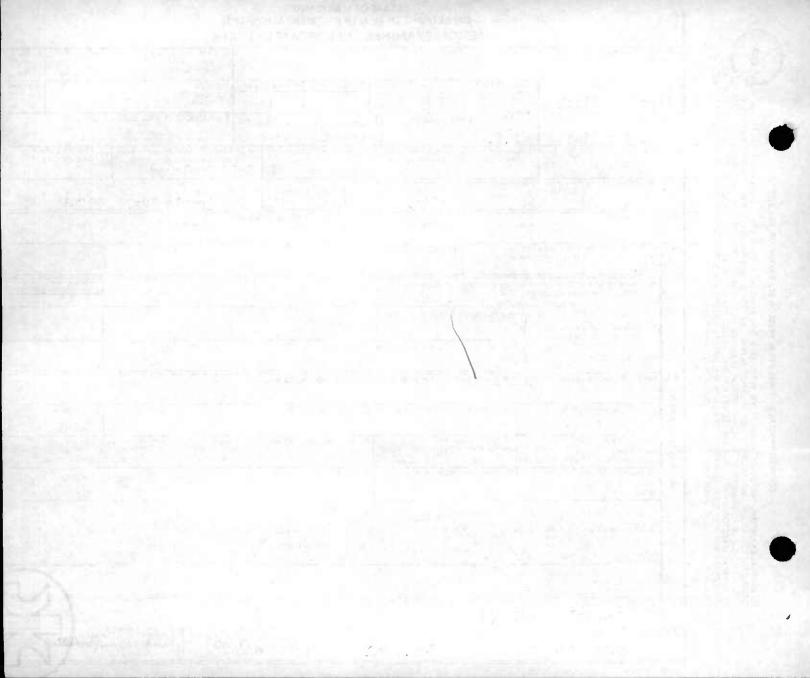
250. DATE REC'D. BY REGISTRAR 220. BEGISTRAR SIGNAFIANTAL Thomas 24 FUNERAL DIRECTOR
Wm C March F/H Inc. 1101 F. North Avenue AUG

1984

DHMH - 17 (VR A15 ME

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL

FOR STATE REGIST		ME	DICAL EXAM		CERTIFIC		F DEAT	TH REG	G. NO.		
1. DECEASED			WIDDLE		Stewai	ct	20	OF ESTI- DEATH MATE	□ 8/7	/84 19	26 HOU
Fema	le Black	5. DATE OF BIRTH	YEAR 6. AGE (IN LAST BIR' 53			IF UNDER Hours	MIN P	RONOUNCED DEAD	8/7/	84 19	B 1131
FOREIGN CO	Carolina	U.S.		WIDOV		DIVORCE	ED [	Baltimore C Baltimo	re Cit	.y	A LIE IN IECE
Balt	inore	(IF NOT IN SUCH FA	SPITAL, NURSING HO ACILITY, GIVE STREET ADDREST AVE.	, Apt.		ION	FOR MC	Employ	)	OR INDUS	
13a. STATE Mo	d.   136 C	DUNTY	Balto.	N .	YES C	NO 🗆	900	Argyle	Ave.	21201	
14 FATHER'S	ST	WIDDLE	LAST		F	R'S MAIDE RST	N NAME	MIDDLE		LAST	
		. ARMED FORCES? GIVE WAR OR DATES}	16b. SOCIAL SECU	RITY NO.	17. INFORA	AANT		ADD	RESS		
PART 2		diote (b) DUE TO, OR (c) (c) CONTRIBUTING TO DEATH		TERMINAL DISEAS			RT I to .				
CERTIFICATION	ATE OF OPERATION	19b. CONDI	ITION FOR WHICH O	PERATION V	VAS PERFOR	MED?				20 AUTOPS	NO [
UNDE	XTERNAL CAUSE WA RLYING OR TRIBUTING CAUSE	OF DEATH P.M	A. MONTH DAY Y	EAR		OCCURRE	D (ENTER NA	ATURE OF INJURY IN IT	EM 18 PART I OR	PART 2)	
1.5.4	NJURY OCCURRED  ORK NOT WHILE ORK AT WORK		OF INJURY (AT HOME TORY, FARM, ETC.)		STREET			CITY OR TOWN	C	COUNTY	STAT
ACTU SIGN EXAM (TYPE	AL ATURE  NINER'S NAME OR PRINT)	charge of the remoins development of the second sec	Accident .	Suicide^	TITLE (S	PECIFY) sista 111	Undeternt			e 8/8/84 NED 8/8/84 Md. 2120	
(SPECIFY)	Remova 1	8/13/84	23c. NAME OF	CEMETERY	OR CREMATO			RIOWN			STATE
24. FUNERA NAME	Anatomy		Balto.,	Md.		AUG	20 BY	SEGISTRAR ASS	REGISTRAR'S	SIGNATURE ALLANDE	82



injury, or other troumotic event, the

should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

MPORTANT: If them 21 is morked or them 18 show

STATE OF MARYLAND
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1	FOR STATE REGISTRAR		IT OF HEALTH AND MENTAL HYGE ERTIFICATE OF DEATH	REG. NO.	-3
	1. DECEASED NAME FIRST [TYPE OR PRINT]	AMPOLE B.	Stewart	20. DATE OF DEATH MONTH  08-07-84	DAY YEAR 26. HOUR
	F	B	DATE OF BIRTH  MONTH  12-14-13	6 AGE (IN YEARS LAST BIRTHDAY)  70  YRS.	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
1	N. Carolina	U.S.A. W	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	ry, MD.
/	BALTIMORE J	NAME OF HOSPITAL, NURSING HIS NOT IN SUCH FACILITY, GIVE STREET ADDRESS OHN DEATON MEI	DICAL CENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
	USUAL RESIDENCE IF NURSING HOME OR OTH 136. STATE 136 COUNTY Maryland		YES NO	13e STREET ADDRESS / ZIP COD 726 East 23rd	st. 21218
7	14 FATHER'S NAME FIRST West	Smith	15. MOTHER'S MAIDEN NA/	E.	Winstead
	16a WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN) (IF YES, GIVE W. Unknown			wart 726 EAST	23rd Street
	18, CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BIMMEDIATE C	1 10 1 10 -	// /	rekogie	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b) CONSEQUENCE (c) (c)	loxson coca	Gral.	
		NDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART Ita
1	I 190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	1%. CONDITION FOR WHICH OPE	ERATION WAS PERFORMED	LIN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
7		21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.		RED (ENTER NATURE OF INJURY IN ITEM 18	PART T OR PART 2}
	OR CONTRIBUTING CAUSE OF DEATH  EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that (1) (this hospital) sow the deceased alive on above (1) (we) (did) (did has) vi	817 1984	, and that in (my) (our) opinion of	death occurred on the date and hou	192 , that (he(we) lost or and from the couses stated
	22b. SIGNATURE		DEGREE		224 DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e. ADDRESS

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL BURIAL

23c NAME OF CEMETERY OR CREMATORY Balto. National Cem. . Baltimore,

Md.

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

(VRA 15, 4)

Wm C March F/H Inc. 1101 E North Ave.

73b. DATE 8/13/84

AUG 8 1984 .... Wanted Sign Range 1984

any filled in by the 7 should be filed wit

#### STATE OF

MARYLAND	13	.)	0
H AND MENTAL HYGIENE		g.on	
PE OF BEATH			

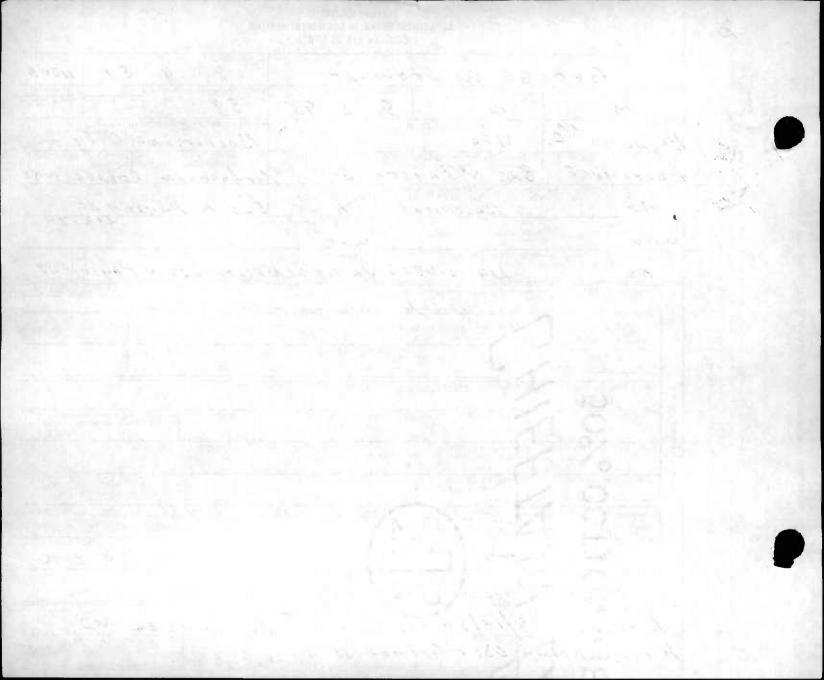
	1-	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO	).
		CEASED NAME FIRST OR PRINT)  6 6 0 1	RGE EN	Steuart	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR 1130 PM
	3. SEX	M	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI	HDAY)  IF UNDER 1 YEAR # UNDER 24 MRS  MONTHS DAYS HOURS MIN.  YRS.
Ó	To BIR	RTHPLACE (STATE OR FOR ICA COUNTRY)	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED WIDOWED DIVORCED	Bacrim	COUNTY OF DEATH
0	Bo	TY OR TOWN OF DEATH	825 NOT IN SUCH FACILITY, OF	nyson sp	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
5	13a S	AL RESIDENCE (IF NURSING HOME OF	NTY A3L CITY O		13 STREET ADDRESS	ZIP CODE DA YSON ST
)		THER'S NAME FIRST	WIDDIE I'V	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
		VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GT	VE WAR OR GATEST	LESCURITY NO. 17 INFORMANT LESCUE WA	Valson 81	SS S PAGSON ST
	NO	Conditions, if ony, which gove rise to immediate couse (a), stofting the underlying couse lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTIN		minal disease or cond	DITION GIVEN IN PART 110
	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER, NOTIFY MEDICAL EXAMINE 216. INJURY OCCURRED	ATH HOUR A.M. MONT	TH DAY YEAR  19  211 LOCATION	RRED (ENTER NATURE OF INJUR	
		220.1 certify that (1) (this hosp sow the deceased alive or obove, (1) (we) (did) (did not 22b. SIGNATURE	ot; New the body ofter death	19_BCL, and that in (my) (our) opinion  DEGREE  ATTENDING	MEDICAL _ STAF	
		22d PHYSICIAN'S NAME (TYPE	ORPRINT) VERGARA-SO	22e ADDRESS	CAR'AD AU	
	23a B	BURIAL, CREMATION, REMOVAL	236 DATE	23c NAME OF CEMETERY OR CREMA LODY	23d. LOCATION	COINTY A STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the buriol-tronsit permit. Then please remove condengation, with the State Dept of Health and Mental Hygene prior to buriol, cremental importants. If them 21 is marked or them 18 shows only injury, or other traumatic sents the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the elemed by the hospital or ottending physician.



executed within 24 hours ofte

deoth certificate be

requires that the

OR ATTENDING PHYSICIAN: The low or attending physicio

retained by the haspital TO HOSPITAL

BP

ust be notified at once.

medical expi

## STATE OF MARYLAND

1.	FOR - STATE REGISTRAR	DEP		ALTH AND MENTAL HY	GIENE	REG. NO.		
(TYPE	CEASED NAME FIRST TOKANAL	MIDDLE MIDDLE	Stew	art	20. DATE OF D	EATH MONTH	Sy YEAR	26. HOUR
3. SE	Male	B	5. DATE OF	DAY 56	6. AGE (IN YEAR	RS (AST BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
N	orth Car.	USA	MARRIED	DIVORCED [	Bal	to.	Y OF DEATH	MD.
1	Balto	I. NAME OF HOSPITAL, NI IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	SD .	12a. USUAL OC	CUPATION OR MOST OF WORKING		OF BUSINESS OR
13a. S	AL RESIDENCE (IF NURSING HOME OR OF STATE		19th	136. INSIDE CITY LIMITS? YES NO	131. STREET AD 4-806	Starth	dale	Rdo
	Johnny	Stea Stea	uart	15. MOTHER'S MAIDEN N.		MIDDLE	LAS	ST
	MAS DECEASED EVER IN U.S. ARMI YES, NO OR UNINOWN) (IF YES, GIVE V		SECURITY NO. -42-1875	Maggie T	20mp30	n 4806	Strat	hdale
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	ancer	1 Pont	rte		BETWEEN	CMATE INTERVAL ONSET AND DEATH
	Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONS	NA P	(				· ·
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS		IOT DELITED TO THE TEN	White Bissass			
NOI	PART 2 OTHER SIGNIFICANT CO	NOTITIONS CONTRIBUTING	S TO DEATH BUT P	NOT RELATED TO THE TER	MINAL DISEASE C	ONDITION G	IVEN IN PART II	0,
CERTIFICATION	19c. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPS	IN CERT	ES, WERE FIND IT IFYING CAUSES TES [	NGS USED S OF DEATH? NO
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATUR	E OF INJURY IN ITEM 18	PART 1 OR PART 2)	
MEDICAL	216. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC }	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (I) (this haspital saw the deceased alive on abave, (I) (we) (did) (did nat)		1 101 1	that in (my) (aur) apinion	death accurred o	in the date and ha	/	that (I) (we) last causes stated
	22b. SIGNATURE	lun		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	221. DATE	SIGNED &
	122d. PHYSICIAN'S NAME ITYPE OR P	Schreman	ue	22+ ADÓRESS			•	-
23a. E	BURIAL GREMATION, RÉMOVAL	8-11-84	NAME OF CE	HODE CEMATORY	23d. LOCATION		e Co. N	1. Cap.

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furshould be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If them 21 is morked or them 18 shows any injury, or ather traumatic event, the

23d LOCATION
ET GO TOWN COMBO. CO. N. COSTO.
ECD. BYREGISTRAN 258. JEGISTRAN S. SIGNATURE
9 1984 June Dandson Fonders.

Johnney Stewart Molecular State of the State of COLLEGE OF ME SPECIAL DESCRIPTION OF THE PROPERTY OF THE PARTY OF THE Carrol 8-11-84 A Land In the second s Level of Deat Front Deathy Hats HE. Alle about the Color

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shaws any

TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the hospital or attending physician.

DHMH - 16 50M 4/83 (VRA 15, 4) FOR DEPARTMENT OF 1

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEPTIFIC ATE OF DEATH

	REGISTRAR				CEKTIF	ICAIE OF L	EAIN	REG. N	0.			
	CEASED NAME	FIRST	MID	DLE	1	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOU	JR
TYPE	OR PRINT)	arshall		Т	Ste	ewart	20.	August	. 05.	1984	7:25	2 A M
3. SE)	(	4. RAC	E		5. DATE C			6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	R IF UNDER	
	Mala	1.0	hite		Jur		1916	6	68 YRS	MONTHS DATS	HOURS	MIN.
7a. B1	Male RTHPLACE (STATE OR			HAT COUNTRY?	1			9 BALTIMORE CITY C	1110	Y OF DEATH		
(	Morar Tames	Uni	ted S	+++05		D NEVER	VORCED	Baltimore	City	7		
10 CI	Maryland TY OR TOWN OF DEA			SPITAL NURSIN	G HOME C			170. USUAL OCCUPAT			OF BUSIN	MD.
	Baltimore	M	larylai	nd Gener	al Ho	spital		(TYPE OF WORK FOR MOST O			aw	
USUA 13a. S	AL RESIDENCE IF NURS	136 COUNTY		VE RESIDENCE BEFORE		113d. INSIDE C	ITY LIMITS?	13e,STREET ADDRESS	ZIP COD	E		
	Maryland	Baltimo	re	Baltimo	re	YES 🛣	NO [	646 Jasper			201	
14. FA	THER'S NAME	MIDDLE		LAST		15. MOTHER	S MAIDEN NAM	ME MIDDLE			AST	
	John	H.		Stewart		Sar		E.			ey	
	VAS DECEASED EVER	IN U.S. ARMED F		SOCIAL SECU		17. INFORMA		ADDR				A .
()	Yes, no or unknown)	(IF YES, GIVE WAR O		213-14-3	3916	J. Ray	mond St	ewart 8 Non	th Ba		Drive	e
	IS CAUSE OF DEAT	H Enter only one					71_71		10.00	BETWEEN	XIMATE INTE	DEATH
	PART I. DEATH W	IMMEDIATE CAL	ISE (o) Ca	ardiopul	monai	ry Arre	st					
	CLUM IST	0	HE TO OR A	AS A CONSEQUE	NCE OF					15.50		
	Canditions, if ony			spiratio		Gastri	c Conte	nts				
	gave rise to imi											
	underlying cause			AS A CONSEOUE <b>epsis</b>	NCE OF							
	PART 2 OTHER SIG	NIFICANT COND	TIONS CON	ITRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	IN AL DISEASE OR CON	DITION GI	VEN IN PART I	la:	
Z	Cardiomy											
CERTIFICATION	19a DATE OF OPERA			ON FOR WHICH				200 AUTOPSY?		S, WERE FIND		
IFIC								YES TO NOTE		FYING CAUSE	S OF DEA	
ERT	210. ACCIDENT WAS UN	DERLYING 7	b. TIME OF I	INTURY		121c HOW IN	LIURY OCCURR	RED (ENTER NATURE OF INJU				
	OR CONTRIBUTING			MONTH DA	YEAR		John Occom	TEMERITATIONS OF THE	W. 11 . 11 . 11 . 12			
CA	(IF EITHER NOTIFY MEDI		P.M.		19	THE LOCATE	201					
MEDICAL	214 INJURY OCCUR	111	e PLACE OF	T, FACTORY, OFFICE, F	ARM ETC )	211 LOCATE		CITY OF TO	NW	COUNTY		STATE
	AT WORK AT WO	RK										
	22a.1 certify that (X			deceased from _	Augus	st 3,	19 84	August		1984	, that 🔆 (	(we) last
	saw the deceas above, <b>X</b> (we) (	ed alive an Aug	the bady of	ter death.	84_, a	nd that in XVX)	(our) apinion o	death occurred an the d	ate and ha			
	226 SIGNATURE	,	1	0		DEGREE	1,3,19			22c. DAT	E SIGNED	
	Back	ran x	Longe	ul n	0		ATTENDING PHYSICIAN	MEDICAL STA	FF [IAN K]	8	15/84	1
	22d. PHYSICIAN'S N	AME (TYPE OR PRINT)	-			22e. ADDRES	SS					
	Barbara	Sanford	, M.D			c/o M	aryland	General Ho	spita	1	400	1134
	BURIAL, CREMATION,	REMOVAL 23b	DATE	23c. N	IAME OF C	EMETERY OR	CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY		STATE
	Burial	Δ1	ıg.8.1	984 H4	oh] ai	nd Ceme	terv	Street	Нат	rford		vlano
24 FI	UNERAL DIRECTOR		PIAIT			U Conte	250 DATE	ELECTO. BY REGISTER	25b, REGIS	TRAR'S SIGNA	ATLURE	
Т	ohn H. Ha	rking 600	) Main	ADDRESS	1+0	במו אם	0.14	בטפון פי טיי	guna	Davidson	-Nanda	حياتل
U	A 110 110	FUTTIO OO	rall	DU. De.	1 Ude	IA 1().	L-7 L					

			SPECIAL PROPERTY.		
	Sid Smith				
	effection of				
Property and	arti commissione			BERNESS EAT	State of the same
3351 6					
All militarion					
1		ST NAME OF STREET			
		Taller San Francis			
		Market of the State of the Stat	TO BE STORY OF THE PARTY OF THE		
		CORPORATE OF THE PARTY OF THE P			
		Carried States			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

in by the funeral directo

ond completely filled in

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cashould be detached for use as the buriol-transit permit. Then please remove carbompapers. Pages, with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

retained by the haspital or ottending physician.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event of

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	3	2	7
6.4			/

FOR STATI	E STRAR		DEPARTN		EALTH AND MENTAL F	HYGIEN	REG. NO			
1. DECEASE			MIDDLE		AST	20		MONTH DAY	YEAR	26 HOUR
(TYPE OR PRIN	" Nellie	N	selson S	ewa	ct			8 27	7 84	439AM
3 SEX		I. RACE	1	5. DATE C	OF BIRTH	6. /	AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER TYPAR	IF UNDER 24 HRS
1	emale	60	MITE	MONTH	5 03		81	YRS. MON	THS DAYS	HOURS M.M.
		L CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 8	BALTIMORE CITY O	COUNTY	DEATH	
COUNTRY		USA		WIDOWE		-	Battimon.	e Cit	1-	MD.
FO. CITY OR	TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER YNSTITUTION	120	USUAL OCCUPATE		12 MIND O	F BUSINESS OR
Dalti	more (ital	Unicu	cosite os	mel	Hospital		homounak		II ND O STRT	
USUAL RESI	DENCE (IF NURSING BO) AE OR C	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY LIMITS	2 1130	STREET ADDRESS	-		
Mam	Lland Hars	rone	Aberdeen		YES NO		214 S, F	ark S	+ 5	1001
14 FATHER'S	FIRST N	MODIF	LAST		15 MOTHER'S MAIDEN	NAME	<b>ANIDDIE</b>		445	
	JOHN 1	ALEXAND	ER STAI	SLEY	Minnie		Roset	ta	BI	rown
		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	1	ADDRE	me 45	chard	2
	9	WAR OR DATES	236-30.	-977	Daughter, He	elen	uline, 59	mu us	anco	
18 CA	AUSE OF DEATH (Enter only	BY:	line for to), tb), one	his	stiocutic	-1	um ahalu	a	BETWEEN	MATE INTERVAL DINSET AND DEATH
	IMMEDIATE		101111111111111111111111111111111111111	105.05	31.0		2	4		
gove	ditions, if ony, which erise to immediate (a), stating the erlying couse lost.	( 1b)	R AS A CONSEQUE							
	2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	ERMINA	L DISEASE OR CONE	ITION GIVEN	IN PART to	) 1
ō L	year GI	sleed								
CERTIFICATION 150 DV	ATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [	NG CAUSES	IGS USED OF DEATH? NO
00.00	CCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DEAT	n e	M. MONTH DA		21c. HOW INJURY OCC	CURRED	(ENTER NATURE OF INJUR	Y IN ITEM TO PART	I OR PART 2)	
~	THER NOTIFY MEDICAL EXAMINER)	P. 21e. PLACE	OF INJURY	19	211. LOCATION					
WHILE AL WOR		(AT HOME STE	EET, FACTORY, OFFICE, FA	RM, ETC )	STREET		CITY OR TO	VN	COUNTY	STATE
	certify that (I) (this hospit	on attended th	e deceosed from	18	117 19 8	4	to 812	19.	80	that (I) (we) lost
50	ow the deceased alive on_	8/27	19 %	, 01	nd that in (my) (our) opin	nion deot	th occurred on the do	te and hour or	nd from the	couses stated
	bove, (I) (we) (did) (did not	I M and	0 mm		DEGREE ATTENDING PHYSICIAN		AEDICAL STAF		22c DAJE	SIGNED 1
22d. P	Mank Still	WEIL 1	h.D.		22e ADDRESS	reci	C1	21201		
	, CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATO	RX I	23d LOCATION			
Remore	11/20	Qua 70	1984 11	alla	e Memona	1	Clintonrille	GREEK	JBRIAR.	W. V.J.
24 FUNERA		0		40140		DATE RE		Th. REGISTRA		PRAM 4

DHMH - 16 50M 4/83

(VRA 15, 4)

BP.

250 DATE REC'D BY REGISTRAN 250 REGISTRAN'S SCHALLINGE

100 15 2 Cap St 100 20 11 11 ALC: NOW TO 

9	1.	FOR STATE REGISTRAR	-			1711	EALTH AND MEN		IENE REG. NO	La l	() 6	
		CEASED NAME OR PRINT! BE	eatri	ce	NDDLE	Sto	Kes		8	MONTH DA	5-84	26 HOUR 5-45 M
	3. SEX	F		RACE	ack	5. DATE C		YEAR G	6. AGE (IN YEARS LAST BIRT	YRS.	UNDER TYEAR	# UNDER 24 HRS HOURS MIN.
5	Ma	RIHPLACE (STATE ORI COUNTRY) ryland TY OR TOWN OF DEA		U.S.A	WHAT COUNTRY?  OSPITAL, NURSIN	WIDOWE		CED 🗌	9 BALTIMORE CITY O  Baltimor  120 USUAL OCCUPATE	e Cit	у.	MD F BUSINESS OR
1	Ва	ltimore		Franci	s Scott	MDDRESS)			TYPE OF WORK FOR MOST OF			F BUSINESS OR
5	13a S M	AL RESIDENCE IF NURS TATE  aryland  THER'S NAME	136 COUNT		Baltin	N	13d INSIDE CITY YES K NO 15. MOTHER'S M.		13 STREET ADDRESS / 1606 McKe		enue	21217
0		Richar		DDIE	Kenner		Alic		MIDDIE		Lacy	
		VAS DECEASED EVER VES, NO OR UNKNOWN) O		ED FORCES? WAR OR DATES!	185-09-		17. INFORMANT A Louis	se Sa	ADDRE		Doug1	
	7	Conditions, if ony, gave rise to imm couse [0], stating underlying couse	nediate ig the lost	DUE TO, OR  (b)  DUE TO, OR  (c)	500	NCE OF			ccicler inal disease or conf		N IN PART III	3'
9	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORM	ED	200 AUTOPSY?		WERE FINDIN	
7	MEDICAL CERT	21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTIFY MEDI- 21d. INJURY OCCURION AT WORK NOTIFY HOTOLOGY 22a. Certify that (If some the decession obove, (I) awe) (22b. SIGNATURE) 22d. PHYSICIAN'S NA	CAUSE OF DEATH CALEXAMINER)  RED  (this hospital ed olive an ed olive and ed olive	P.A.  21e PLACE C 1AT HOME, STRI	M. MONTH DA  M.  DE INJURY  EET. FACTORY, OFFICE, FI  E deceosed from  19	19 ARM ETC)	211 LOCATION STREET  d that in (mg) (ou	198	CITY OR TO	WN 19 ond hour d	COUNTY	STATE that (I) we lost couses stated
1		CA CA S			ALA		LOW	Cash	0	141	112	1224

DHMH - 16 50M 4/83

MPORTANT: If Hem 21 is

24 FUNERAL DIRECTOR Wm C March F/H Inc. 1101 E North Avenue (VRA 15, 4)

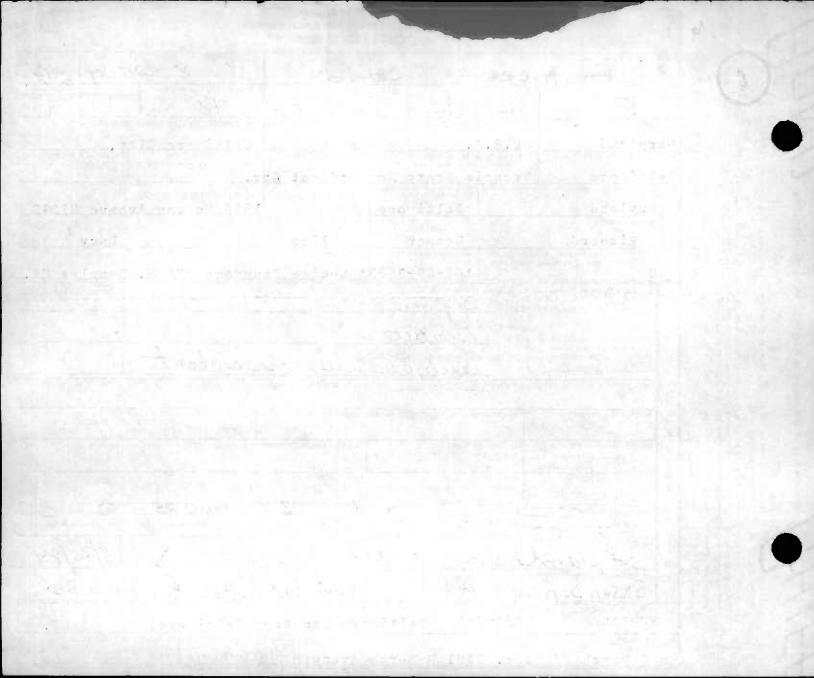
230. BURIAL, CREMATION, REMOVAL

23b. DATE 8/29/84

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CHYORTOWN
Baltimore, Baltimore Cemetery Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

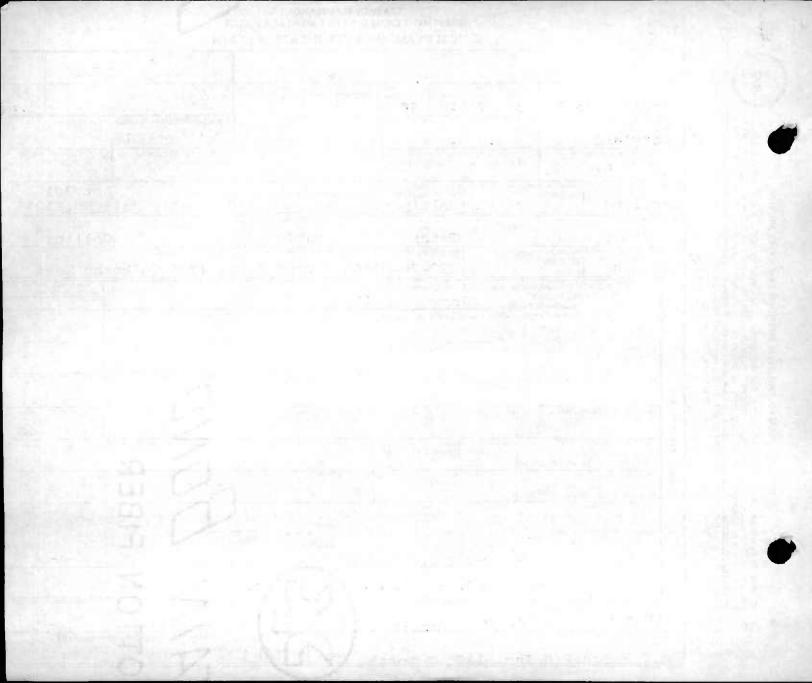
STATE



DHMH - 17 (VR A15 ME (5) 20M 4/B2

	STATE OF	MARYLAN	D
DEPARTME	NT OF HEAL	TH AND ME	NTAL HYGIEN
EDICAL EV	A SAINIED/C	CEDTIEIC	ATE OF DE

1		STATE REGISTRAR			N		LEXAN				CATE			NO.			
T		CEASED NAME		FIRST		MIDDLE			LA	IST			2a. DATE KNOWN OF ESTI-	100	1 -	DAY YEAR	26. HOUR
				CATHE	RINE		M.		ST	OKES			DEATH MATED	XX	7-3	0-84	M
3.	SEX		4. RACE		MONTH DE					ER 1 YR.	IF UNDER	24 HRS.	2c DATE	AA	HTMO	DAY YEAR	2d HOUR DITI
1.	Fe	male	bla	ack	3 7				MONTHS	DAYS	HOURS	MIN	PRONOUNCED DEAD		0 6	-849	12:30
		THPLACE (ST			6. CITIZEN OF			12					9 BALTIMORE CIT	Y OR C			11/2:31
4		EIGH COUNTRY)			** 6	TA.					VER MARR	-		_			
4		arylaı				.A.			IDOWE		DIVOR		Baltimor		-		MD
1		y or town o		тн	11. NAME OF H 4404509				ROTHER	RINSTITU	TION		JAL OCCUPATION ( MOST OF WORKING LIFE)	TYPE OF	WORK 12	OR INDUST	JSINESS RY
					OTHER INSTITUTION				4			lu cro			Δ	pt.30	1
	■ ST	ryland		136 COUNTY			ity or tov		1.	YES X	CITY LIMITS?	AAA	D4 Marbl	0 E			
4=	_		_		-	Гра	T CTIII	OLE	-					e n	all	RU, 2.	1710
4		THER'S NAME Arthur		42	MIDDLE	Ta	tes			Ma	ER'S MAID FIRST Lble	EN NAME	MIDDLE		C	ollina	S
1	o W	AS DECEASED	EVER I	N U.S. ARMI		16b S	OCIAL SEC	URITY N	0. 1	1 INFOR	MANT		ADDRI	ESS			
1	Jn	known	WNJ	(IF TES, GIVE W	AR OR DATES)	22	0-20	-00	66	Jos	eph	Tate	es 4206	Col	bor	ne Ro	he
F		18 CALISE O	EDEATH	d /Enter only	one couse per	ing for (a)	(h)   (-)	1			1			-	1	APPROXIMATI	
Г		PARTIDE	ATH WA	AS CAUSED	BY:				1:	-						BETWEEN ONSE	
1				IMMEDIATE			nosis		rive	1							
т					DUE TO,	OR AS A C	ONSEQUEN	NCE OF	book .		-				-		
1				ny, which	(b)_												
П				immediate the under-	<	OR AS A C	ONSEQUEN	NCE OF					Ur. D. a.	-			
ı		lying cau	se last.														
1					(c)												
	NON	PART 2 OTHER SI	GNIFICANT	CONDITIONS CO	INTRIBUTING TO DE	ITM, BUT NOT F	ELATED TO THE	ETERMINAL	OISEASE O	R CONDITIO	IN GIVEN IN PA	ART 1 (a).					
Y	BCAT	190 DATE OF	OPERA"	TION	4 19b. CON	DITION FO	R WHICH	OPERATI	ON WA	SPERFOR	RMED?					20 AUTOPSY	?
4	Ĕ.															YES	NO [X]
1	ERT	21g. EXTERNA	L CAUS	EWAS	21b. TIME	OF INJUR	1	-	21r HOV	W INTERV	OCCUPRI	ED JENTER	NATURE OF INJURY IN ITEM	18 PART	1 OR PART 2		NO M
1	0	UNDERLYING	, Do	R	HOUR /		TH DAY				OCCORRE	CD (critical	THI ONE OF WADON WATER	TOTAL	- OR TARTS		
1	CA	CONTRIBUTI				P.M.	19										
1	MEDICAL	21d INJURY C				E OF INJU	RY (AT HOM	ME. 2	III LOCA				CITY OF TOWN		COUNT		STATE
ı	Σ	AT WORK	NOTA	WHILE		TONI, I AND	м, стс.,						CITY ON TOWN		COUNT		SIAIE
Т												MA					
L		22a I certif	fy that I		of the remains	described o	bove, held	on	Autopsy	L.,	Inspectio	n AA	Inquiry .	ond in	my opini	an	
1		death resulte	ed fram	Noturo	I couses X.	Accide	nt .	Suicida	е Ц,	Homi	cide .	Undet	ermined monner				
				1		· Al				TITLE (S	SPECIFY)						
		ACTUAL SIGNATURE _	- (	Moule	rte 14	~ VIK	110		AA D	Assi	stant	MED	ICAL EXAMINER		DATE SIGNED.	9-6-	-84
1	/	SIGNATURE .	1112		0		N. C.		27	.,					SIGNED.		
4		EXAMINER'S	NAME	Ma	rgarita	A. K	orell	,M.D			111	Penn	Street				
+		(TYPE OR PRII							A	DDRESS_		Tab I : 2					
12		JRIAL, CREMA					c. NAME O	- CEMET	ERY OR	CREMAT	ORY	Z3d, LC	OCATION OR TOWN		- COUNTY	ST	ATE
		BURIA			9/11/8	34 0	arri	son	Fo	rest	. VA	Ow	ings Mil	ls		M	d.
1	4. FL	NERAL DIREC	TOR		ADDI						25a. DATE	REC'D. BY	REGISTRAR 25h RE		AR'S SIG		
1	Wm		rah	F/H	Inc.		77 37		Av	e.	SEP	11	1984	- Freeze		1	
	(155)	O ITIO	للبكية	.F/.			H NC	TT	1 /								



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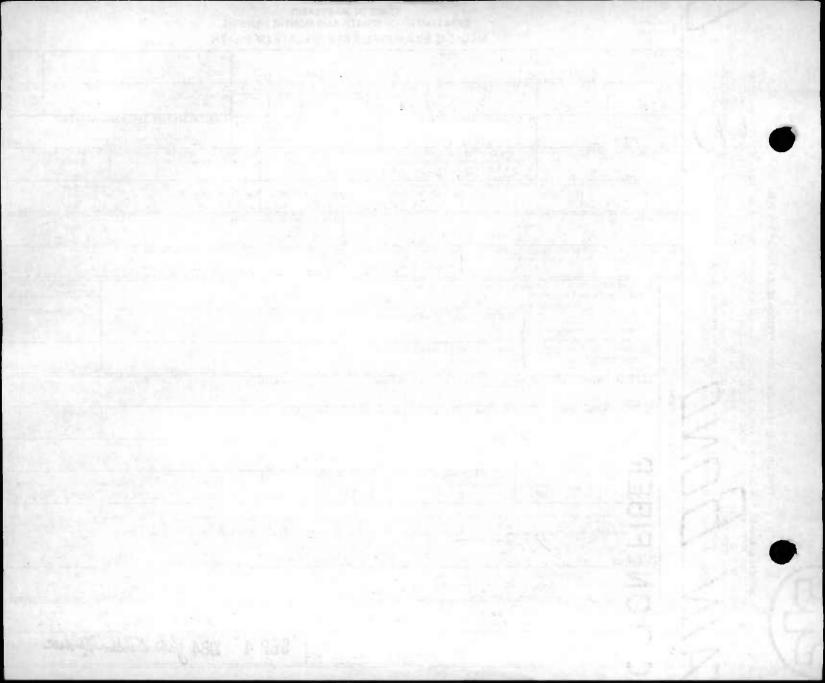
(VR A15 ME (5)) 20M 4/82

HOURS STREET

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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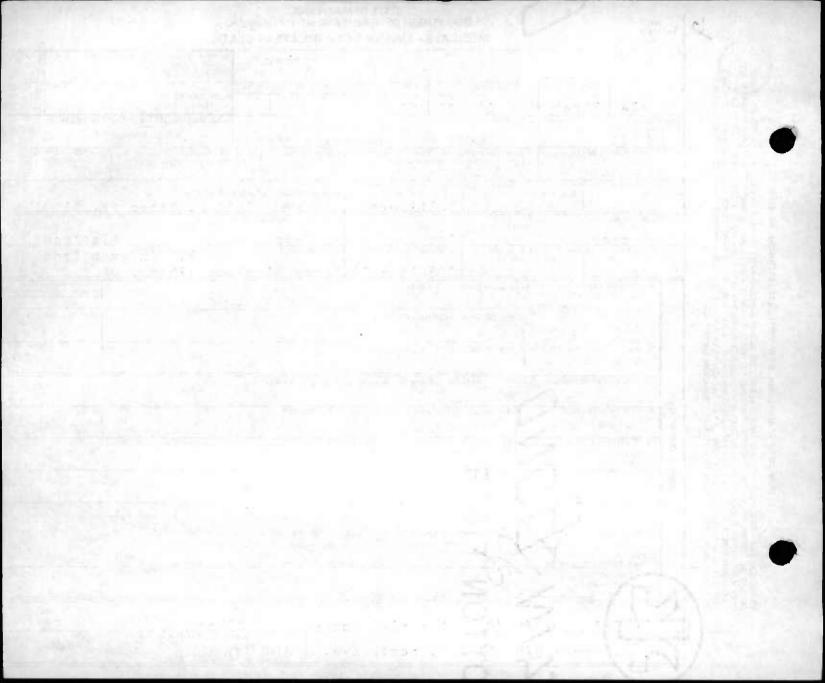
1	1-	FOR STATE REGISTRAR					MENT OF						REG. NO.	J		
		CEASED NAME E OR PRINT)	( Wilfre	infre	d "	NODLE		C	LAST			OF	MATED XX	момтн	DAY YE	15. 110011
	3. SEX		4. RACE	5. DATE OF	BIRTH		6. AGE (IN)	EARS IF UN	okley		R 24 HRS.	2c. DATE	MAILD AA	MONTH	30 19 8	AR 2d HOUR
		le	black	MONTH 9	9	YEAR	34			HOURS	MJN.	PRONOUN DEAD		8	31 198	4 12:42
0		RTHPLACE (STA	ATE OR	7b. CITIZEN	OF WHAT	COUN	TRY?	8. MARR	ED NE	VER MARI	RIED X	9 BALTIM	ORE CITY OF	COUNT	Y OF DEATH	1
$\nu$		Carol		1 -	S.A			WIDOW		DIVOR			ltimor			MD.
a		TY OR TOWN O Baltimo:		I IF NOT I	SUCH FACILI	TY, GIVE ST	RSING HOA TREET ADDRESS Orge 's	)		JTION		MOST OF WOR	ATION (TYPE	OF WORK	OR IND	JSTRY
E		AL RESIDENCE I	IF IN NURSING HOME O	R OTHER INSTIT	UTION, GIVE R	ESIDENCE	OR TOWN	SION)	113d. INSIDE	FITY I IMATES	12. 670	EET ADDRE			21212	
1		larylar		1	ľ		ltim	ore	YES X	NO [			. Geo			
11		ATHER'S NAME		WIDDLE			LAST		IS. MOTH	ER'S MAIL	DEN NAME		DDLE		LASŤ	
U		Winfr	red	MIDDEL			kley	, Sr	Ros	etta	а –				Hento	n
	16e. V	VAS DECEASED	EVER IN U.S. ARA	AED FORCE	5?	166 SOC	IAL SECUR	ITY NO.	17. INFOR	MANT	_		ADDRESS			
	Y	ES				238	-72-	9320	Bar	bara	a Sto	okley	1402	Fi	lmore	St.
		18 CAUSE OF	F DEATH (Enter and													MATE INTERVAL
		PARTIDE	IMMEDIAT	E CAUSE (o			e stak		nds					-		
		C - 12	is, if any, which	DUE	TO, OR AS	A CON	ISEQUENCE	OF						0		
		gove rise	e to immediate	< '-	)											
		lying caus	stating the <u>under</u> - se last.		Leve	A CON	ISEQUENCE	OF								
	,	PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING		NOT RELA	TED TO THE TEI	RMINAL DISEAS	E OR CONDITIO	N GIVEN IN P	PART 1 To					
1	CERTIFICATION	19e DATE OF	OPERATION	19b	CONDITIO	N FOR	WHICH OPE	RATION W	AS PERFOR	RMED?					20 AUTOR	PSY?
	IIFIC														YES X	] NO [
7	L CERT	UNDERLYING	L CAUSE WAS	HC		HTMON	DAY YE	AR					URY IN ITEM 10 PA	ART I OR PA	RT 2)	
1	MEDICAL	CONTRIBUTIN	G CAUSE OF E		P.M. PLACE OF	8 INTURY	30 <sub>19</sub> 8		Subjection	ct st	apped					
	WE		NOT WHILE [2	CT CT	REET, FACTORY				STREET	Geo:	rge's	Ave,	Balti		City,	Md.
		220   certif	y that I taak charg	A A F						Inspect		Inquiry		in my op	non	
		deoth resulte	d from: Notus	depusted to	, Ac	ccident	L., S	ivicide		cide X.	Undet	ermined ma	nner,			
0		ACTUAL SIGNATURE_	9	THE	Vol.			N	D.Assi	specify) Lstan	t_MED	ICAL EXAM	INER	DATE	8/	31/84
1		EXAMINER'S N	NAME Gre	egory	R. Ka	auffi	man, N	M.D.	ADDRESS				t. Bal			
	23o. B		ION, REMOVAL 2			23c. N	NAME OF C	EMETERY C	R CREMAT	ORY	23d_LC	CATION				
	(5	BURIAL		9/5/	84	C	hurc	h Cen	neter	Y			eth C			.C.
		UNERAL DIREC			Anneree					250. DATE	REC'D. B	REGISTRA	R 29 REGIS	IBAR'S S	IGN TURE	.00
H	Wm	C Mar	rch F/H	Inc.	7110	1 E	Nor	th Av	renue	OF	14	1904	Juna	אנווין פנטי	March Langer	



BP **DHMH** - 17 (VR ATS ME (5)) 20M 4/82

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	CEASED NAM	E FIRST		MIDDLE		Strahan	2a DATE KN	HTHOM TO MONTH	DAY YEAR 26.
(TYPI	E OR PRINT	Matti			( 0	traham)	OF E	SII-	
SEX	(	14 RACE	5. DATE OF BIRTH	IA AGE (		UNDER TYR. IF UNDER		MONTH MONTH	1/84 19 DAY YEAR 24
			MONTH DAY	YEAR LAST BIF	RTHDAY) MO	NTHS DAYS HOURS	MIN. PRONOUNCE		DAY YEAR 1
	male	Black	9 11	21 62	YRS.			8/14 RECITY OR COUN	1/84 19
	REIGN COUNTRY)					RRIED NEVER MARR	IED L	_	
0.00	GA TY OR TOWN			JSA SPITAL NURSING HO		OWED K DIVORC	ED   Balti	more City	7 12b KIND OF BUSIN
			(IF NOT IN SUCH FA	ACHLITY, GIVE STREET ADDRE	55]	THER INSTITUTION	FOR MOST OF WORKIN		OR INDUSTRY
	Baltim			Eager St					
	TATE	13b COUN		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
	MD			Baltim	ore	YES NO		Eager S	t. 21205
4 FA	ATHER'S NAM	E	MIDDLE	LAST		15. MOTHER'S MAID	EN NAME MIDD	lE.	LAST
	Hora			Blackmon		Sarah		В	lackmon
6a V	VAS DECEASE	DEVER IN U.S. ARA		16b. SOCIAL SECU	JRITY NO.	17. INFORMANT	70	DOREAS	er Lane
	No			255-16	-4074	Leroy B1			
	gave r	ins, if any, which	(b)	R AS A CONSEQUEN					
NOI.	gave r cause (a lying ca	ise to immediate b) stating the <u>under-</u> use last.  IGNIFICANT (DNDITIDNS  Diabet	(b) DUE TO, OR (c) (c) CONTRIBUTING TO DEATH	R AS A CONSEQUEN  BUT NOT RELATED TO THE	CE OF	EASE OR CONDITION GIVEN IN PA	RT T (a),		
TIFICATION	gave r couse (o lying co	ise to immediate ) stating the under- use last.  IGNIFICANT CONDITIONS  Diabet FOPERATION	(b) DUE TO, OR (c) CONTRIBUTING TO BEATH	R AS A CONSEQUENT OF THE CUSTOM FOR WHICH C	CE OF	EASE OR CONDITION GIVEN IN PA WAS PERFORMED?	iRT T (a).		20 AUTOPSY? YES □ N
CAL CERTIFICATION	gave r cause (a lying co  PART 2 OTHER S  19a. DATE OF  21a. EXTERN  UNDERLYING CONTRIBUT	ise to immediate ) stating the under- use last.  IGNIFICANT CONDITIONS  Diabet  FOPERATION  AL CAUSE WAS  G	CONTRIBUTING TO DEATH  CONTRIBUTING TO DEATH  190. CONDITION  210. TIME O HOUR A.A.	R AS A CONSEQUEN  RUT NOT RELATED TO THE  CUS  TION FOR WHICH CO  FINJURY  A. MONTH DAY 13	TERMINAL DISI	WAS PERFORMED?		IN ITEM 16 PART 1 OR PA	YES N
MEDICAL CERTIFICATION	gave r couse (a lying co  PART 2 OTHER S  19a. DATE OF  21a. EXTERN UNDERLYING CONTRIBUT 21a. INJURY	ise to immediate ) stating the under- use last.  IGNIFICANT CONDITIONS  Diabet  FOPERATION  AL CAUSE WAS  G	(b) DUE TO, OR (c) CONTRIBUTING TO BEATH  CONTRIBUTING TO THE CONTRIBUTION OF THE CONT	R AS A CONSEQUEN  RUT NOT RELATED TO THE  CUS  THOM FOR WHICH CO  FINJURY  A. MONTH DAY Y	TERMINAL DISI	WAS PERFORMED?  HOW INJURY OCCURR!  LOCATION  STREET	ED (ENTER NATURE OF INJURY CITY OR TOWN		YES N
_	gave r couse (a lying co  PART 2 OTHER S  19a DATE OF  21a EXTERN  UNDERLYING CONTRIBUT  21d INJURY WHILE AT WORK  22a I cert death resul	ise to immediate so stating the under- use last.  IGNIFICANT CONDITIONS  Diabet  FOPERATION  AL CAUSE WAS  G OR ING CAUSE OF I  OCCURRED  NOT WHILE AT WORK  ify that I took chargeted from: Nature	(b) DUE TO, OR (c) CONTRIBUTING TO DEATH  PS Mellit  19b. CONDI  21b. TIME O HOUR A.A. P.A.  21c PLACE STREET, FAC	RAS A CONSEQUEN  RUT NOT RELATED TO THE  CUS  THOM FOR WHICH CO  FINJURY A. MONTH DAY Y A. MONTH DAY Y A. 19  OF INJURY (AT HOM  TORY, FARM, ETC.)  Scribed abave, held of  Accident .	TERMINAL DISI DERATION TERMINAL DISI TERMINA	WAS PERFORMED?  HOW INJURY OCCURRE  LOCATION STREET  OPSY HOMICIDE TITLE (SPECIFY) M.D. ASSISTAN	CITY OR TOWN  In M. Inquiry  Undetermined mann  MEDICAL EXAMIN	co , and in my ap	YES N
WEDICAL MEDICAL	gave r couse (a lying co  PART 2 OTHER S  19a DATE OF  21a EXTERN  UNDERLYING CONTRIBUT  21d INJURY WHILE AT WORK  22a I cert death result  SIGNATURE  EXAMINER'S (TYPE OR PR	ise to immediate so stating the under- use last.  IGNIFICANT CONDITIONS  Diabet  FOPERATION  AL CAUSE WAS  G OR ING CAUSE OF I  OCCURRED  NOT WHILE AT WORK  ify that I took chargeted from: Nature	CONTRIBUTING TO DEATH  CONTRIBUTING TO DEATH  19b. CONDITION  21b. TIME O HOUR A.A. P.A.  21c PLACE STREET, FAC	R AS A CONSEQUEN  RUT NOT RELATED TO THE  CUS  ITION FOR WHICH OF  A. 19  OF INJURY (AT HOM  ITORY, FARM, ETC.)  Scribed above, held of  Accident ,	TERMINAL DISI  PERATION  (EAR 21c.  Suicide 5	WAS PERFORMED?  HOW INJURY OCCURRE  LOCATION STREET  OPSY HOMICIDE TITLE (SPECIFY) M.D. ASSISTAN	CITY OR TOWN  Undetermined mane	co , and in my ap	YES NOT 21  PUNITY  PINION  ED 8/15/84



may be

within 24 hours

depth certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The

mpletely filled in by the fune and 2 should be filed within

completely

offendi

injury, or other troumatic event, th

should be detached for use as the buriol-transit permit. Then pl with the State Dept, of Health and Mental Hygiene prior to bur

marked or Hem 18 shows any

IMPORTANT: If Hem 21 is

STATE OF MARTLAND	1.3
DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
CERTIFICATE OF DEATH	

	1 - STATE REGISTRAR	DEF	CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST (TYPE OR PRINT)	F.	Straiten	20. DATE OF DEATH MONTH	5 84 940 PM
	FEMALE	4. RACE COL	S. DATE OF BIRTH  MONTH DAY YEAR  14 - 10 - 14	6. AGE (IN YEARS LAST BIRTHDAY)  70  YRS.	# UNDER I YEAR # UNDER 24 HRS
	JO. BIRTHPLACE (STATE OR FOREIGN SOLINITRY) WARYLAND	76. CITIZEN OF WHAT COUN	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	BALTIMORG	PITY MD.
7	10. CITY OR TOWN OF DEATH  BALTIMERE	(IF NOT IN SUCH FACILITY, GIVE	tosp	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	
1	USUAL RESIDENCE (IF NURSING HOME OR 136. STATE 136. COUN	VTY 13c CITY OR	MORE YES NO [	138 STREET ADDRESS 932 WHITELOC	KS-21219
	4/1	MIDDLE LAS	Emma	STEWART	LAST
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL 217 2	246337 MRS SHIRLE	4 Fuert 932 WHI	
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D DV	bi, and ici) ricular tachy ca	rdia preumo	SAPPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONS  (b) CO COV  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING	vary aftery dise		/EN IN PART 1(0)
7	190 DATE OF OPERATION  \$\times - (c - \times 4)		HICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES	S, WERE FINDINGS USED EYING CAUSES OF DEATH?

2	8-6-84	19% CONDITION FOR WHICH OPERATION	N WAS PERFORMED	YES NO	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 OR PART 2)	
	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	216, PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
	220.1 certify that (1) (this haspital)	attended the deceased from 8-4	19 54	10 8-1	5 , 19 84 , 1	that (I) (we)

8 sow the deceased alive an above, (I) (we) (did) (did not) view the body after death. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226. SIGNATURE	0		DEGREE		22c. DATE SIGNED
Am	1 Some	m1)		ATTENDING MEDICAL STAFF	8-15-8

224. PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS 1-1

6 WI K	Soyer	Wercy	Mosp.	Dalt.
230. BURIAL, CREMATION, REMOVAL	23b. DATE	230 NAME OF CEMETERY OR CREMATORY	23d. LOCATION	

24 FUNERAL DIRECTOR NAME RUSS 2222 WORTH AUGO osep4 (VRA 15, 4)

AUG 2 2 1984 REGISTRAR

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this

8-23-84 CEDER HILL CEM BURIA

Mia Navidson-Randell

STATE

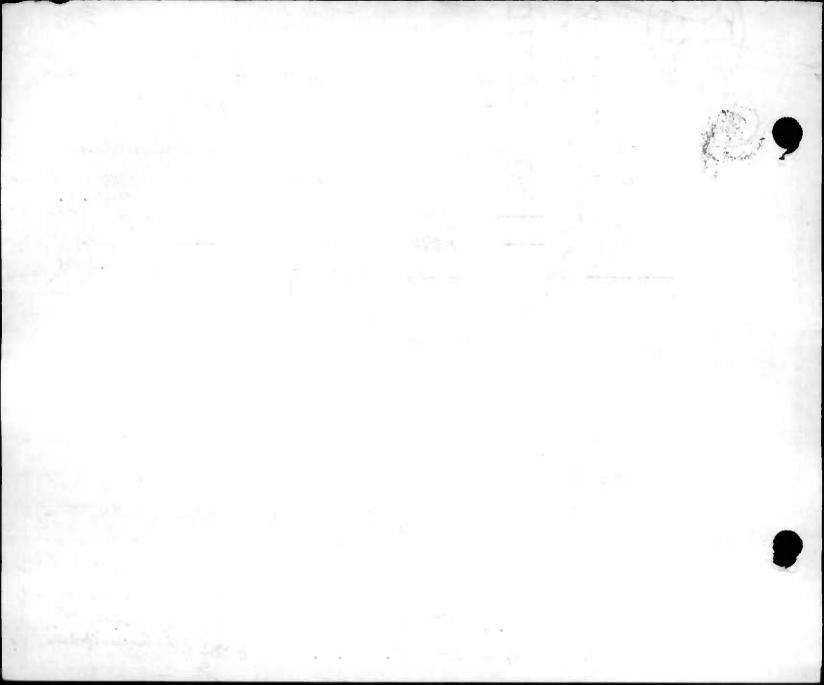
Larray Contract Contr Stars Carl Halling to make March 196 April 1 2 200 The self-the sel

		FOR		DEPART		E OF MARYLAND BEALTH AND MENTAL HYG	IENE 44	2 1	03	3	
	1 -	STATE REGISTRAR	CERTIFICATE OF DEATH								
	1 DE	CEASED NAME FIRST	_	WIDDLE		LAST	REG. NO		AY YEAR 2h	HOUR	
- 4		OR PRINT)	0	THE SEC			1	. 1	20	HOUR	
	1	VIOLET	Re	ay	STR	7111110	HUGUST	1	1984 1	107 P	
	3. SE		4. RACE	· ·	5. DATE		6. AGE (IN YEARS LAST BIR		. O GOTT TEAR	UNDER 24 HRS	
l I		Female	Cour	aslan	12		92	YRS.			
		RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8.		9. BALTIMORE CITY O	R COUNTY	OF DEATH		
36		Timore M.D.	U	SA	WIDOW	D NEVER MARRIED DIVORCED	CITY	, , , ,	11.	M	
2		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON	12b KIND OF BU		
42	0	1-1 /0	(IF NOT IN SU	CH FACILITY, GIVE STREET	-	a. A 1/2 ax/	(TYPE OF WORK FOR MOST O	F WORKING LIFE		it o	
2//	00	utimore	2011	Ballimore	- 1	relal Hospital	Clerk		pepalim	E14 31	
500		AL RESIDENCE (IF NURSING HOME C STATE 13b. COU		13c. CITY OR TOW		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	Balto.M		
55		MP		BelTim	ore	YES NO	1811 COULD	oton	ST 2	1230	
e u	14. FA	ATHER'S NAME	MIDDLE	A LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LAST	_	
S O O	١.	SAMUEL		Bdo REd 1	/	ANNIE			EYLER		
0	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SEC	JRITY NO.	17 INFORMANT	ADDRE	\$5	M1 240	0.3	
medica			IVE WAR OR DATES)	214-01-1	221	charles & STro	OTMAN-Son	5 W	10.210°	13 wither	
0	12	70 11 000 10				1 - Wallo 5 2 110	מו ויווויי - ספת	J W		E BUTE BY AL	
,	18 CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cardio Pulmary arrest										
è	WHITE CASE IS										
age a			DUE TO, C	OR AS A CONSEQU	ENCE OF	e ALC- TIOLS					
5		Conditions, if any, which	(b)_	Probabl.	e A	spiration			+		
i e i		couse (a), stating the	DUE TO, C	OR AS A CONSEQU	ENCE OF						
0		underlying couse lost.	( lc)_								
°.		PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVE	N IN PART Ita		
2	8	Cachexia	4,5EF	<b>25</b> U							
du d	AT	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS		
8	Ĕ						YES PI NOT		FING CAUSES OF	DEATH?	
5	CERTIFICATION	71a. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJURY OCCURR					
2 Tee 1 8		OR CONTRIBUTING CAUSE OF DE									
0	MEDICAL	( IF EITHER NOTIFY MEDICAL EXAMINE		.M.	19	211 LOCATION					
5	MEC	21d. INJURY OCCURRED		OF INJURY TREET, FACTORY, OFFICE	FARM ETC )	STREET	CITY OR TO	WN	COUNTY	STATE	
E S	_	AT WORK NOT WHILE AT WORK									
Ĕ		220.1 certify that (1) (this has	ital) attended the	he deceased from_	7/2	5 1984	to		9 84 . that	(I) (Well)	
2		saw the deceased alive a above, (I) (we) (did) (did n	n to view the had	v ofter depth	84.0	nd that in (my (aut opinion o	death occurred on the de	ote and hour	and from the cou	ses stated	
£ ±		22b. SIGNATURE	1	y orrect debrits.		DEGREE		,	22c. DATE SIG	NED	
-		1 84 84	can In	~~ M4		ATTENDING	MEDICAL STAI	FF TANKET	スート	-12	
Z-		224. PHYSICIAN'S NAME ITYPE		mas inch	)	22e ADDRESS	DIVECTOR [] PHISIC	IAIN	10 1	- 7	
J. J.		91	Pac	TCEN LU.	00.	1.	11	\ iA	11. 3	11-1245	
MPORTANT		Caula			105	13001 soull	1,000.00	J 13a	LITEMUSE!	MC - ET	
IMPORTANT: If Hem		BURIAL, CREMATION, REMOVA	L 23b. DATE			CEMETERY OR CREMATORY	23d. LOCATION	20	Jahr- Hands	STATI	

McCütty Funeral Home, 130 E. Forest Ave. Balto. Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.



_		FOR
1	-	STATE
		REGISTRAR

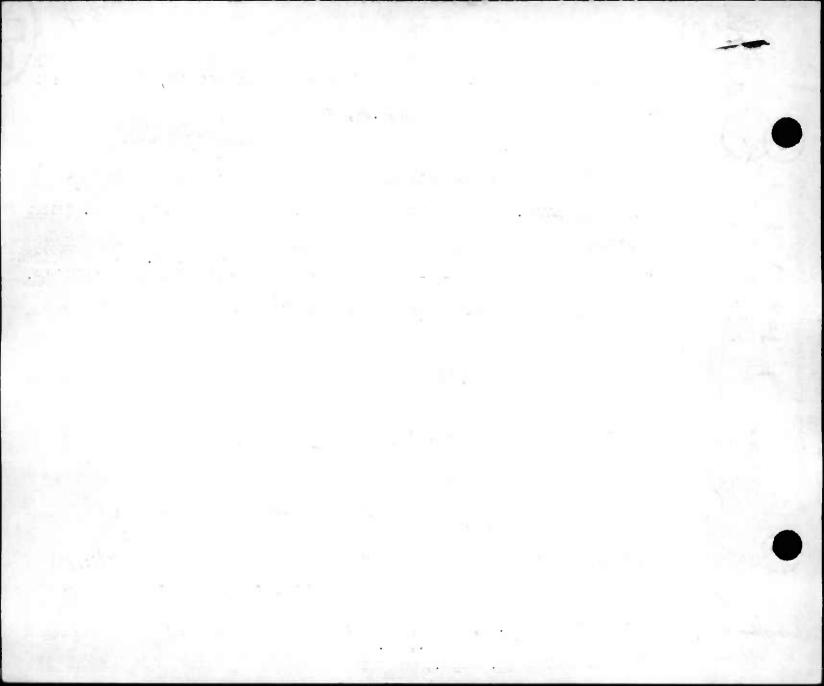
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

)	8	K	17
10		7	4
			/

REGISTRAR		CLR	IIICAIL OI DEATH	REG. NO.					
1. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	LAST	20 DATE OF DEATH M	ONTH DAY YEA	AR 26 HOUR A			
RU	TH	K.	STROUSE	AUGUST 2	1, 1984	4:03/			
3. SEX	4. RACE		TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHE		YEAR IF UNDER 24 HRS			
FEMALE	WHITE		723,1915	69	YRS				
OUNTRY	OREIGN 76 CITIZEN O	WHAT COUNTRY?	RIED NEVER MARRIED	9 BALTIMORE CITY OR		Н			
MARYLAND	US.	A WIDO	WED XX DIVORCED	BALTIMOR		N			
BALTIMORE	(IF NOT IN SI	HOSPITAL, NURSING HOM JCH FACILITY, GIVE STREET ADDRESS) JOHNS HOPKI		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V HOUSEWII	VORKING LIFE) INDUS	ND OF BUSINESS OF TRY HOME			
	NG HOME OR OTHER INSTITUTIO	N. GIVE RESIDENCE BEFORE ADMISSION	1 13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / 2	ZID CODE				
MARYLAND	BALTO.	BALTIMORE	YES NO X	8200 TALL		CT. #2120			
FATHER'S NAME FIRST JOSEPH	MIDDLE	KATZ	15 MOTHER'S MAIDEN NA FIRST KATE	AME	KRO	OPMAN			
60 WAS DECEASED EVER				STATE OF ARUTE	I K. STROU	USE #212			
NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	217-22-2271		STROUSE 340	O1 BIRCH H	HOLLOW RD			
18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED BY:	er line for (o), (b), and (c).)	nonary agrest	1	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH			
	IMMEDIATE CAUSE (a)_	Gode page	nonary and			, ,,,,,,,,			
		Salares							
Conditions, if any, gave rise to imm		1 64643							
couse (a), statin	lost. DUE TO,	OR AS A CONSEQUENCE O							
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0								
190 DATE OF OPERAL 5/23/84 218. **CIDENT WAS UNCO	19b. CON	DITION FOR WHICH OPERA	TION WAS PERFORMED		20b IF YES, WERE FI				
E/22/04	0.	Sophagector	Mea	YES NO NO	IN CERTIFYING CAL YES	G CAUSES OF DEATH?			
218 ACCIDENT WAS UND		OF INJURY		RRED (ENTER NATURE OF INJURY					
	AUSE OF DEATH HOUR	A.M. MONTH DAY YE	AR						
OR CONTRIBUTING CO		P.M. 1 E OF INJURY	21f LOCATION						
WHILE   NOT WH	TAT HOME	STREET, FACTORY, OFFICE, FARM ETC.		CITY OR TOW	N COUNT	TY STATE			
AT WORK AI WO	K		m/4 04	7 10 8/2	10 8	1			
22a I certify that (1) saw the decease	(this hospital) attended	the deceased from 89	9/1 19_89 , and that in (my) (our) opinion			the sever stated			
obove, (I) (we) (c	id) (did not) view the boo	lylofter death.		deam occurred on the dan					
271 SIGNATURE	Junao Mi	D	DEGREE  ATTENDING MEDICAL STAFF  PHYSICIAN DIRECTOR BUSICIAN DIRECTOR BUSICIAN DIRECTOR DIREC						
224 BHYSIC IAN'S NI	PHYSICIAN DIRECTOR PHYSICIAN								
DAUID	TUNKEL		JOHNS HOPK	N. WOLFE S'	P. BOLT A	40 21209			
23a BURIAL, CREMATION,			F CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE			
(SPECIF CREMATIO			OON PARK	BALTIMOR	E	MARYLAND			
24 FUNERAL DIRECTOR	SOL LEVINSO	N & BROS., INC	250 DA	TE REC'D. BY REGISTRAR 2	11. 2	-			
		BALTO. MD		AUG 2 7 1984	grilia David	con-Mandall			

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If Hem 21 is morked or Item 18 in



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after retained by the haspital as attending physician.

### STATE OF MARYLAND

2	1	3	3	5
£ 10				

	L DE	EASED NAME FIRST	AA AA	UDDLE		ICATE OF DEATH	REG.		Y YEAR	2b HOUR
		OR PRINT)  ANTHON		ROZYKOW		731	AUGUST	18,19		12:0
	3. SE)		4 RACE	TOD THOM	5. DATE C	OF RIRTH	6 AGE (IN YEARS LAST I		UNDER I YEAR	
	J. JL/	Male	White	2	Jan		62	YRS	NIHS DAYS	HOURS MIN
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	OF DEATH	
36	(	Md.	1151	1	WIDOWE		Baltimore	City		M
	10 CI	TY OR TOWN OF DEATH	11. NAME OF H		G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION		F BUSINESS O
35		Baltimore	(hurch	Hospital			Laborer	OF WORKING LIFE)	Rails	road
25	13a. S	AL RESIDENCE (IF NURSING HOME TATE 13b. CO		13, CITY OR TOWN		13d INSIDE CITY LIMITS?	130 STREET ADDRESS	1/ ZIP CODE atle St	reet :	0/22/
	14 FA	THER'S NAME		Ducco.		15. MOTHER'S MAIDEN NA		ALLE JL	neer 2	(6)1
00		John	WIDDIE	Strozyko		Anna	WIDDLE	J	aworsk	i
		AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECUR		17 INFORMANT	ADD			
1	,	ES, NG ESWIKNOWN) WINT	7	213-16-6	222	George A. St	rozykowski	. 2810 €	. Jeff	lerson.
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU							BETWEEN	MATE INTERVAL ONSET AND DEATH
			IATE CAUSE (0)	IOLTIPLE	PUL	MONARYMETAS	STSIS			
		CANADA STATE	DUE TO, OR	AS A CONSEQUE	NCE OF		Maria Car			1
		Conditions, if ony, which	( (b)	CANCE	R OF					
		gave rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEQUE	NCE OF	LEFT ANT				
		underlying cause lost.	( (c)	LEFT U	PPER	LOBE RESEC	CTION WED	GE)		
	Z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVEN	V IN PART TO	o
	ATION									
2	FICATION	PART 2 OTHER SIGNIFICAN				NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDI	NGS USED OF DEATH?
2	RTIFICATION	19a Date of Operation	196 CONDI	TIÓN FOR WHICH (		n was performed	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDII	NGS USED
29	L CERTIFICATION		196 CONDIT	TION FOR WHICH (	OPERATIO		20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDII	NGS USED OF DEATH?
29		190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 1 (HE EITHER, NOTHY MEDICAL EXAMS	I 9b. CONDITION OF THE PLANT OF	FINJURY A. MONTH DA	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDII	NGS USED OF DEATH?
29	MEDICAL CERTIFICATION	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE OF	196 CONDITION OF THE PARTY PAR	FINJURY A. MONTH DA	OPERATION Y YEAR 19	n was performed	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDII	NGS USED OF DEATH?
29		190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INTERPREDICT OF CAU	21b. TIME OF HOUR A.A. NER) 21e. PLACE LAT HOME, STRE	FINJURY  A. MONTH DA  A.  SFINJURY  FINJURY  FINJURY  FEEL, FACTORY, OFFICE, FA	Y YEAR 19	N WAS PERFORMED  21c HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF IN	20b. IF YES, IN CERTIFY! YES JURY IN ITEM 18 PAR	WERE FIND III NG CAUSES  II I OR PART ?)  COUNTY	NGS USED OF DEATH? NO
29		190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMS 210. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. Certify that (I) (this ha	I 96 CONDITION TO THE C	FINJURY  A. MONTH DA  A.  SFINJURY  FINJURY  FINJURY  SET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY	Y YEAR 19 IRM, ETC.)	216 HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF IN	20b. IF YES, IN CERTIFY! YES JURY IN ITEM 18 PAR	WERE FINDING CAUSES  (COUNTY)	NGS USED OF DEATH? NO  STATE
29		190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMPLE)  210. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  220. Certify that (I) (this ha	I 96 CONDITION TO THE C	FINJURY  A. MONTH DA  A.  SFINJURY  FINJURY  FINJURY  SET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY	Y YEAR 19 RM, EIC)	N WAS PERFORMED  21c HOW INJURY OCCUR  21f LOCATION STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF IN	20b. IF YES, IN CERTIFY! YES JURY IN ITEM 18 PAR	WERE FINDING CAUSES  (COUNTY)	NGS USED OF DEATH? NO STATE
29		190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LEFTHER, NOTHY MEDICAL EXAMPLE AT WORK NOT WHITE AT WORK AT WORK ON the deceased olive obove, (1) (we) (did) (did 27b. SIGNATURE	21b. TIME OF HOUR A.A. HOUR A.A. P.A. 21e. PLACE C (AT HOME. STREET OF NOT) view fire body on not) view fire body	FINJURY  M. MONTH DA  M. SFINJURY  SEI, FACTORY, OFFICE, FA	Y YEAR 19 RM, EIC)	216 HOW INJURY OCCUR  216 LOCATION STREET  29  , 19  44  and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [	ZOO AUTOPSY?  YES NOTE  NOTE  CITY OR  TO AUGU  death occurred on the  MEDICAL ST  DIRECTOR PHYS	20b. IF YES, IN CERTIFYI YES JURY IN ITEM 18 PAR JOWN  ST 18 15 dote and hour of	COUNTY  2 84  20 DATE	NGS USED OF DEATH? NO STATE that (It (we) to causes stated
29		190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE HER, NOTHY MEDICAL EXAMP 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this had soon the deceased alive above, (I) (we) (did) (did 27b. SIGNATURE	21b. TIME OF HOUR A.A. HOUR A.A. P.A. 21e. PLACE C (AT HOME. STREET OF NOT) view fine body on not) view fine body of the body	FINJURY  A. MONTH DA  A.  DE INJURY  EEL, FACTORY, OFFICE, FA  E deceased from J  Sher-deonth 89	Y YEAR 19 RM, ETC.)	216 HOW INJURY OCCUR  216 LOCATION STREET  29  1984  and that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN [ 27e ADDRESS CHU]	ZOO AUTOPSY?  YES NOTE  NOTE  CITY OR  AUGU  death occurred on the  MEDICAL ST  DIRECTOR PHYS  RCH HOSPI	20b. IF YES, IN CERTIFY! YES JURY IN ITEM 18 PAR TOWN  ST 18 19 dote and hour of	COUNTY  Day 121 COUNTY	NGS USED OF DEATH? NO  STATE that (I) (we) lo causes stated SIGNED
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DHMH - 16 50M 4/83 (VRA 15, 4)

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FOR STATE

DEPART

STATE OF MARYLAND	.6.4	5	- 1	- 3	
IMENT OF HEALTH AND MENTAL HYGIENE 🎱	Guej	6.0	1	53	
CERTIFICATE OF DEATH					
	REG. NO.				

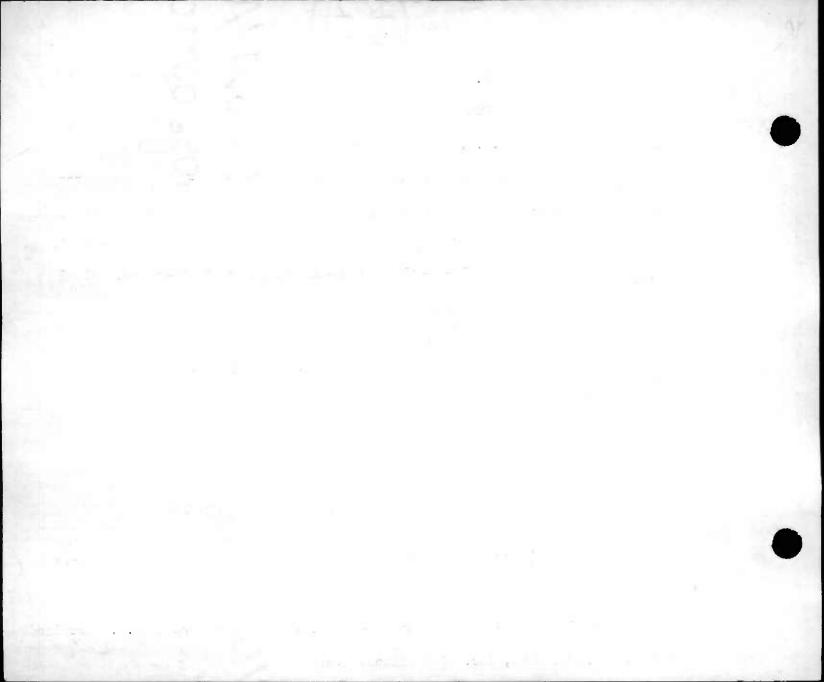
H		REGISTRAR			CEKITE	ICATE OF DE	AIH	REG. N	10.			
ľ		CEASED NAME FIRST	M	HDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY 1	YE AR	26 HOUR
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	3. SEX	(	4 RACE		S. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER		IF UNDER 24 HRS
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1	Per	nnsylvania	U.S.	,A.	WIDOWE	_	ORCED	BALT	CIT	7		MD.
	10. CI	TY OR TOWN OF DEATH		OSPITAL, NURSING		OR OTHER INSTIT	UTION	12a USUAL OCCUPAT			IND OF	BUSINESS OR
1	1	BLTIMURE	Decone	BULLIM	350	GENER	AL	Homemaker		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,511.1	
1	USU A 130. S	AL RESIDENCE (IF NURS)		THE RESIDENCE BEFORE AD	) MISSION)	13d. INSIDE CIT	Y LIMITS?	13e.STREET ADDRESS	/ ZIP COI	DE .		
1		aryland How	ard	Ellicott	Cit		40 <b>K</b>	5002 Avoca	a Ave	nue	210	43
A	4 FA	THER'S NAME	MIDDLE	1 A S T		15. MOTHER'S /		AE MIDDLE			LAST	
4	-	George		Kordusky			асу				Zebl	ka
V		/AS DECEASED EVER IN U.S. /	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECURI		17. INFORMAN		ADDR	ESS			
L		NO		213-74-25	43	Maryan	n Savag	ge 5002 A	oca .	Ave.	210	043
F		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane couse per I	ine for (a), (b), and (	c+.1					BE	PPROXIM	ATE INTERVAL NSET AND DEATH
ı	- 1		ATE CAUSE (a)	(1745 DIA	> <	ARVI	783					
ı	ı	DUE TO, OR AS A CONSEQUENCE OF										
ı	ı	Conditions, if ony, which ( (b) (LESPINZISTURZY ) NOTEST										
ı		gave rise to immediate cause (a), stoting the	DUE TO, OR	AS A CONSEQUEN	CE OF							
ı	Н	underlying cause last.	(c)	170000	V	MACA	2010>6	INA	35			
l	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION							IDITION G	IVEN IN P	ART I (a	
	CERTIFICATION	M. D. VE OF ORERATION	144 604 194									
1	F S	19a. DATE OF OPERATION	196 CONDII	ION FOR WHICH O	PERATIO	N WAS PERFOR	WED	20a AUTOPSY?	IN CERT	ES, WERE I	FIND IN ( AUSES C	GS USED OF DEATH?
d	Ē	Al ACCIDENTAL ACCIDENTAL		NULLINV 21. HOWEN HUNDY OCCUPY			YES NO	_	ES 🗍		NO []	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH DAY	YEAR	21t. HOW INJU	IRY OCCURRE	ED (ENTER NATURE OF INJU	IRY IN ITEM 18	PARI I OR PA	ART 2)	
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ı	MED	21d INJURY OCCURRED  WHILE NOT WHILE		LACE OF INJURY  DME, STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION  STREET			CITY OR TO	)WN	COUN	414	STATE	
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l	П	22a I certify that (I) (this has		deceased fram	8	115/84	19	_, to 8 [4 8	4	. 19		nat (I) (we) last
ı		sow the deceased alive a abave, (I) (we) (did) (did	nat) view the bady a	ifter death.			ur) opinion d	eath occurred an the d	ate and ho			
ı		226. SIGNATURE		- 10		DEGREE	ENDING	MEDICAL STA	E E	22c.	DATES	
	:	100	1	ATTENDING PHYSICIAN			DIRECTOR PHYSIC	IAN (	1	116	3/84	
1		22d. PHYSICIAN'S NAME (TYPE				22e ADDRESS						
1		Dand	de re			3001		nower	Bal	K, a	1.	2
1		URIAL, CREMATION, REMOVA			ME OF CI	EMETERY OR CR	EMATORY	23d LOCATION CITY OF TOWN		COUNTY		STATE
-11		Buria1	8/20/	84 Gle	n Ha	ven Mem.	Domi	Class Pass	4			
L		NERAL DIRECTOR			II IIG	ven nem,	rark	REC'D. BY REGISTRAR	nie	A.A.	Ma	rvland

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and should be detached for use as the buriol-transit permit. Then please remove carbandopers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal. IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, ar ather traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

Hubbard Funeral Home, Inc. 4107 Wilkens Ave



al director, page 3 2 hours after death

4 moy be

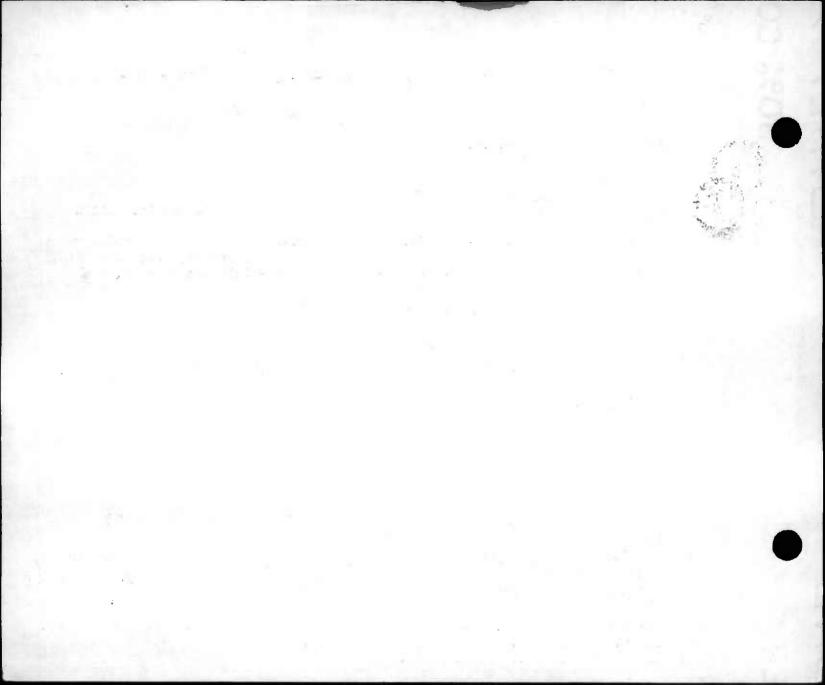
STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1 2 ड

	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N	10.	o o	/
	I. DECEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DA	AY YEAR 2	2b HOUR
	(TYPE OR PRINT) JOHN	KI	LLIAN C	TI	IMPF JR.	AU	5-11	-84	11.40 AM
	MALE	4 RACE	HITE	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BH			IF UNDER 24 HRS HOURS MIN.
5	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF U.S.	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED D DIVORCED	9 BALTIMORE CITY O	ON COUNTY C	OF DEATH	MD.
į	10 CITY OR TOWN OF DEATH Baltimore	(TF NOT IN SUC	HOSPITAL, NURSING THE STREET A Secour Ho	G HOME C	PROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST ( Sales			BUSINESS OR ESS Forms
	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b. 200 Maryland Ci	ROTHER INSTITUTION		ADMISSION)		13e.STREET ADDRESS 1608 Lemi			
)	14 FATHER'S NAME FIRST  John  K	illian	Stumpf Sr		Is MOTHER'S MAIDEN NAM Catherine		C	Cahill	
	160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (18 YES, GI	RMED FORCES? VE WAR OR DATES)	216-09-3		17 INFORMANT Luke Stumpf	Columb 12€ - 7236 Doc!			21045
	18 CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS)	nly one couse per ED BY: .TE CAUSE (0)	SEPTI	C	SHOCK			APPROXIMA BETWEEN ON	ATE INTERVAL
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  DEHYDA	DUE TO, O	N	MCE OF OR EATH BUT		NAL DISEASE OR CON			
2	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO		WERE FINDING ING CAUSES O	
1	CALLED CALLED	HOUR A.	PFINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	IT I OR PART 2)	
	OKCONTRIBUTING CAUSE OF DE CAU	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, FA	RM ETC }	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
	22a.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	8-1	1- 1981		7— , 19 Stind that in (my) (our) apinion d	, to, leath occurred on the d	11- 19 lote and hour (	and from the co	
	226. SIGNATURE K	ara	ساما	M	ATTENDING PHYSICIAN	MEDICAL STA	.FF CIAN []	22t. DATE SI	1 84
	SAMBANDAM	4 BAS	KARAN		3455 WIL	KENS ,	AVE 2/12	ISALTI	MORE
	23m. BURIAL, CREMATION, REMOVA (SRECIFY) Cremation	Aug.	14, '84 W	estvi	ew Crematory	23d LOCATION CITY OF TOWN Westview		timore	MD.
	Leroy Mr & Russe. 5555 Twin Knolls	II C. Wi Rd., Co	tzke Fune lumbia, M	ral H	omes P.A. 250 DATE AU	G 1 3 1984	256 REGISTR	AR'S SIGNATUL	RE STREET

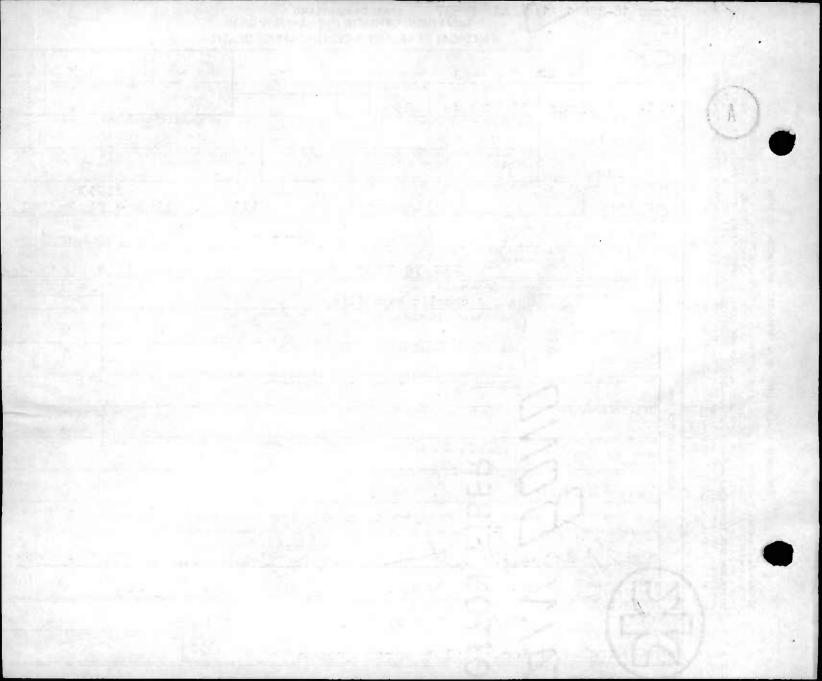
DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other traumotic event, the



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH FAND DELAY EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1.2. AND 3 TO THE YORGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3 RETAIN PM. "TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL I TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE HAFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF TRANSITED FOR SHOULD BE HABITH AND MENTAL HYGIENE, DIVISION OF TRANSITED FOR SHOULD BE HABITH AND MENTAL HYGIENE, DIVISION OF TRANSITED FOR SHOULD BE HABITH AND MENTAL HYGIENE, DIVISION OF TRANSITED FOR THE BALTHMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
	CERTIFICA OLD BE FA DIRECTO WITH TH
	TO MEDICAL EXECUTE THE PAGE 4 SHO! TO FUNERAL AFTER DEATH BALTIMORE, I

	DECE	ASED NAME	FIRST			MIDDLE		L	AST		2a.	DATE KNO	REG. NO.	MONTH	DAY	YEAR	21
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3 5	EX		4 RACE	5 DATE MONTH	OF BIRTH	YEAR	6 AGE (IN YEA			UNDER 24		DATE		HTMOM	DAY	YEAR	2
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	FORE	HPLACE (SI		7b. CITI2	ZEN OF WH		TRY?	8. MARRIE	D NEVER	MARRIED		ALTIMORE	_			EATH	
		Caro			U.S.			WIDOWE		ONORCED		Balti				10.00.01	161
	E	Baltim	ore	(IF NO	119 N	LILITY, GIVE STR	more S	treet	R INSTITUTIO	) I		OCCUPATION OF WORKING		F WORK	OR OR	INDUST	RY
	UAL		IF IN NURSING HO		STITUTION, GIV		OR TOWN		3d INSIDE CITY L		e. STREET				1217		
Pro-	-	rylan	d			Bal	timor					N. G	ilmo	re	St.	2nd	
14		HER'S NAME FIRST		MIDDLE			AST		15. MOTHER'S FIRST			MIDDLE			L	AST	
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F	N						76-71	18/	Jacqu	lelir	ne D	. Sty	ron	111		PROXIMATE	
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		N. J.					ic nen										T /
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Notation of the second	MEDICAL CERTIFICATION	gave ris cause (a) Lying cau PART 2 DTHER SH P	os, if any, where to immediate the unconstitution of the unconstit	DNS CONTRIBUTE  DF DEATH  2  orae of the r	(b) UE TO, OR .  (b) UE TO, OR .  (c) NG TO DEATH II  1b. TIME OF HOUR A.M. P.M.  1e PLACE O STREET, FACTO	AS A CONS  AS A CONS  AS A CONS  INT NOT RELATION  INJURY  MONTH  ORY, FARM, ETC.	SEQUENCE C SEQUENCE C  FO TO THE TERMI  VHICH OPERA  DAY YEAR  19  (AT HOME, C.)	DF  NAL DISEASE (  ATION WA  21c HOV  21H, LOCK, STR  Autopsy	OR CONDITION GIVES A TION AREA TO THE COMPANY OF TH	D?  CCURRED    Inspection [	CI	nquiry	, and 1	coi n my ap	RT 2)	ES 🛚	?
Work of the state	MEDICAL CERTIFICATION	gave ris cause (a) lying cau PART 2 DTHER SH  19a DATE OF  21a EXTERNA UNDERLYING CONTRIBUTIN 11d INJURY C WHILE AT WORK  22a 1 certif	os, if any, where to immediate the unconstitution of the unconstit	DNS CONTRIBUTE  DF DEATH  2  orae of the r	(b) UE TO, OR .  (b) UE TO, OR .  (c) NG TO DEATH II  1b. TIME OF HOUR A.M. P.M.  1e PLACE O STREET, FACTO	AS A CONS  AS A CONS  AS A CONS  INT NOT RELATION  INJURY  MONTH  ORY, FARM, ETC.	SEQUENCE C SEQUENCE C  FO TO THE TERMI  VHICH OPERA  DAY YEAR  19  (AT HOME, C.)	DF  NAL DISEASE (  ATION WA  21c HOV  21H, LOCK, STR  Autopsy	OR (DNDITION GIVES ATION REET IN Hamicide	D?  CCURRED    Inspection [	CI	nquiry	and t	cor	Y RT 2)		?
	MEDICAL CERTIFICATION	gave ris cause (a) Lying cau PART 2 DTHER SH  PART 2 DTHE	os, if any, where to immediate the uncestating the uncestation of the	DONS CONTRIBUTE  DEPT DEATH  2  orac of the restriction of the restric	(b) UE TO, OR (b) UE TO, OR (c) NG TO DEATH III	AS A CONS  AS A CONS  AS A CONS  INJURY  INJURY  MONTH  ORY, FARM, ETC.	SEQUENCE C	DF  NAL DISEASE (  ATION WA  21c HOV  21H, LOCK, STR  Autopsy	OR CONDITION GIVES SPERFORMED WINJURY OCCUPATION REEL MARKET MARKET STATE OF THE CONTRACT OF T	D?  COURRED    Inspection [	CI	nquiry Industry	and i	n my ap	Y RT 2)	ES 🛚	?
NCIA VILLANDIA IN CONTRACT	MEDICAL CERTIFICATION	gave ris cause (a) lying cau  PART 2 DTHER SM  19a DATE OF  21a EXTERNA  UNDERLYING CONTRIBUTING CONTRIBUTION  11d. INJURY C  WHILE AT WORK  22a 1 certifi death resulte	SINGLE CAUSE WAS SOCIETY OF THE PROPERTY OF TH	DNS CONTRIBUTE  DF DEATH  2  orae of the r	(b) UE TO, OR (b) UE TO, OR (c) NG TO DEATH III	AS A CONS  AS A CONS  AS A CONS  INJURY  INJURY  MONTH  ORY, FARM, ETC.	SEQUENCE C	PATION WA  21c HOV  21f. LOC. STR  Autopsy  cide ,	OR CONDITION GIVES SPERFORMED WINJURY OCCUPATION REEL MARKET MARKET STATE OF THE CONTRACT OF T	D?  CCURRED    Inspection [	CI	nquiry Industry	and t	n my ap	Y RT 2)	ES 🛚	?
	WEDICAL CERTIFICATION	gave ris cause (a) lying cau PART 2 DTHER SH	SINFICANT CONDITION  CAUSE WAS  COCCURRED  NOT WHILE  AT WORK  The state of the sta	DF DEATH  2  Orac of the ratural causes  Thomas	(b) UE TO, OR (b) UE TO, OR (c) NG TO DEATH B  9b CONDIT  1b. TIME OF HOUR A.M. P.M.  1e PLACE O STREET, FACTO	AS A CONS  AS A CONS  AS A CONS  BUT NOT RELATION  ION FOR W  INJURY  MONTH  FINJURY  ORY, FARM, ETC.  Cribed abov  Accident  131. N.	ED TO THE TERMI  WHICH OPERA  DAY YEAR  19  (AT HOME, C.)  M.D.  AME OF CEM	ATION WA  21t. LOC. STR  Autopsycide , , , , , , , , , , , , , , , , , , ,	OR CONDITION GIVEN SPERFORMED WINJURY OC ATION REET TITLE (SPECED DEPUTY DORSS 1 CREMATORY	D?  CURRED (  aspection [  CIFY)  Chie	CI Undeterm  2 DEDICA  233 LOCA CITYOR II	nquiry ned manne	alto.	n my ap	V RT 2)	8/1	?
	WEDICAL CERTIFICATION	gave ris cause (a) Jying cau PART 2 DTHER SH P	SINFICANT CONDITION  CAUSE WAS  COCCURRED  NOT WHILE  AT WORK  The state of the sta	DF DEATH  2  Orac of the ratural causes  Thomas	(b) UE TO, OR (b) UE TO, OR (c) NG TO DEATH B  9b CONDIT  1b. TIME OF HOUR A.M. P.M.  1e PLACE O STREET, FACTO  cemains desc	AS A CONS  AS A CONS  AS A CONS  BUT NOT RELATION  ION FOR W  INJURY  MONTH  FINJURY  ORY, FARM, ETC.  Cribed abov  Accident  131. N.	ED TO THE TERMI  WHICH OPERA  DAY YEAR  19  (AT HOME, C.)  M.D.  AME OF CEM	ATION WA  21t. LOC. STR  Autopsycide , , , , , , , , , , , , , , , , , , ,	OR CONDITION GIVES ATION REET  ATION REET  ATION REET  TITLE (SPECE DEPUTY  DDRESS 1  CREMATORY  PR	D?  CCURRED (  Aspection [  CIFY)  7 Chie	CIUndetermi Senn S	nquiry ined manne	alto.	DATE SIGNE	Y PRIZ)	8/	11



injury, or other troumotic event, the

should be detached for use as the burial-transit permit. Then please remove colon page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT: If them 21 is morked of

TO FUNERAL DIRECTOR: After this certificate has been signed by

offending physicion

### STATE OF MARYLAND

1	STATE		DEPARIA		IEALTH AND MENTAL HYG	TENE OF		0 0	7
	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	,		
1 DE	CEASED NAME ERST		MIDDLE		AST		MONTH	OAY YEAR	26 HOUR
	OR PRINT)	1	C			0	00	7 84	1.22 1
	Gertru	de _	2	UGAR	MAN	8	20		1.32 HM
3. SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS
	EMALE	CANC	ASICAL	MONTH		79	YRS.	MONTHS! DATS	HOURS MIN.
Zo Bi	RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF	WHAT COUNTRY?	8.	- 10	9 BALTIMORE CITY OF		Y OF DEATH	
	POLAND	USA	William Cook war	MARRIE	D NEVER MARRIED XX	BALTIN			
	I OLIVATO			WIDOW	D DIVORCED				MD
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET.		OR OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS OR
Ī	Baltimore	10 - 11	Soidal	ADDRESSI		MACHINE OPE			HING
	AL RESIDENCE (IE NURSING HOME O			ADMISSION					
13a. S	STATE 1136, COU		13c CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP COD	E ADT O	A #0101F
M	ARYLAND		BALTIMO	KE	YESXX NO 🗆	4008 FORDS	> LA.	, AP1.2	4 #21215
14. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		1.45	7
	NATHAN	MIDDLE	SUGARMAN		ANNA	Middle		GOLDS	TEIN
160 V	WAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU	RITYNO	17. INFORMANT MISS	MARY SUGAR	MAN	APT. 2	A
		WE WAR OR DATES	216-07-		4008 FORDS			2121	
	NO		210-0/-	21/ ZA	4000 FORDS	LA. DALIO	, MID		
	18 CAUSE OF DEATH (Enter o	nly one cause per	line lor (a), (b), on	d (c).)		ASSTRUCTION OF		BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS		Cardiac	Acr	est				15 min.
	IMMEDIA	TE CAUSE 10)	CD1 4100					10000	
60		DUE TO, O	R AS A CONSEQUE	NCE OF				-	2011.
	Conditions, if ony, which	(b)_	2002.2					-	, cays
	gove rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUE	NCE OF	. 1	10			
	underlying couse lost.				culitis / Perston	tos Retopent	me-l 1	95 50000	30 days
	PART 2 OTHER SIGNIFICANT	107_						VENTIN DADT 1	
z			1 - 6	DEATH BUT	NOT KELATED TO THE TERM	MINAL DISEASE OR CONE	JII ON GI	A FIA HA LWKI III	
2	ARDS, Pancrea	742, C	HF, HBP						
S	190 DATE OF OPERATION		^	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN FYING CAUSES	
=	7/30/84	Acute	Peritmits			YES NO		ES []	NO 🗍
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING	7 216. TIME C	OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IB	PART I OR PART 2)	
1	OR CONTRIBUTING CAUSE OF DE		M. MONTH DA						
Š	(IF EITHER NOTHY MEDICAL EXAMINE		M.	19					
9	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC 1	211 LOCATION STREET	CITY OR TON	NN	COUNTY	STATE
2	WHILE NOT WHILE AT WORK					1			
	220.1 certify that (II (this hosp	oital) attended th	ne deceased from	7/31	19 84	10 8/2	9	19 84	that (1) (we) last
	saw the deceased alive a	8/29	19	84	nd that in (my) (our) opinion	death occurred on the do	te and ha	ur and from the	couses stated
	obove, (I) (we) (did) (did n	ot) view the body	olter death.		DEODEE			In plys	CICNED
	226 SIGNATURE				DEGREE ATTENDING	MEDICAL STAF		22c DATE	SIGNED
	Ktlochens	er wo		W	PHYSICIAN [			8/2	9/81
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS			-	
	Ronald H. Sel	nicter			Sinai Horni	1-1			
	I I VIAGIA IT VICI					TOX			

230 NAME OF CEMETERY OR CREMATORY

21215

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY BURIAL 236 DATE AUG.30,1984 BETH TFILOH 74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

8010 REISTERSTOWN RD. BALTO., MD

BALTIMORE

MARYLAND

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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7/3+[N A transfer Aug. 2016]
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FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CEPTIFICATE OF DEATH

REG.	NIC
KEG.	NO.

	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO	).		
	CEASED NAME FIRST	MIDOLE	LAS	ST .	20. DATE OF DEATH	MONTH DA	Y YEAR	2h HOUR
(TYPE	Clau	dia E.	Sw 8	ain		8-3	-84	8 30 PM
3. SE	X 4	RACE	5. DATE OF		6. AGE   IN YEARS LAST BIR	HDAY] IF	UNDER 1 YEAR	IF UNDER 24 HRS
7	emale	white	HOM	9, 1898	86	YRS.		HOURS MIN.
	RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	8.	□ NEVER MARRIED □	9. BALTIMORE CITY O	R COUNTY C	F DEATH	
u	nknowa!	U.S.A.	WIDOWED	DIVORCED [	BAL			City
10 C	TY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET		OTHER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORLD			F BUSINESS OR
I	20 LTIMOVE	DIMLI	00	ManoR	Sales Cl		Phar	macy
	AL RESIDENCE (IF NURSING HOME OR OT STATE 130. COUNTY			36 INSIDE CITY LIMITS?	3808 OLL	YOR	K R	121218
14 FA	ATHER'S NAME	George Hoffm		IS. MOTHER'S MAIDEN NAM	MIDDLE	y Sim	pson	ī
	VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) I (IF YES, GIVE W	D FORCES? 166. SOCIAL SEC		MARIAN	GRIMA	timor 380	e, MD	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	BY:		2011			BETWEEN	MA E INTERVAL ONSET AND DEATH
	IMMEDIATE	CAUSE (o)	VOR.				-	
	Conditions, if any, which gove rise to immediate cause (0), stating the underlying cause lost.	(b) DUE TO, OR AS A CONSEOU	ne	urogenic Od CNA	bladd	BL .	58	
	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONT	DITION GIVEN	N IN PART 1:0	0:00
O	CA & CCNI	IX with en	dome	trial inva	oron, the	NO, SE	Lizus	e devade
MEDICAL CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY!	WERE FINDING CAUSES	OF DEATH?
CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER)	P.M.	19					
(EDI	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
2	AT WORK NOT WHILE AT WORK	, , , , , , , , , , , , , , , , , , , ,	, , , , ,	1			011	
	220.1 certify that (1) this haspital	ottended the deceased from.	06	1/1 19 80	, to	<b>5</b> , 19	-F	that (1) we lost
	sow the deceased alive on above (1) (we) (did) (did not)	view the body after death.	ond, ond	that in (my) (our) opinion o	death occurred on the do	ste and hour a	and from the	causes stated
	22h. SIGNATURE	1000	31\ DI	EGREE		- 4 -	22c. DATE	SIGNED
	/(	" Cutter.	150	ATTENDING PHYSICIAN Z	DIRECTOR PHYSIC	IAN 🗍	184	124
	22d PHYSICIAN'S NAME (TYPE OR PI	P. Cutter	9	3G 40	Fordax	are,	Book	, md
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	<sup>23</sup> DATE AUG 984, Mt		METERY OR CREMATORY On Cemetery	23d LOCATION CITY OF TOWN Freelan	d. Ba	COUNTY	STATE
24 FL	UNERAL DIRECTOR	Second a		nklin Sta	E REC'DARMEBERS IN A F			A STATE OF THE PARTY OF THE PAR
J.	J. Hartenste	in, New Free	dom, I		Lo HOLE Ja		- Barbara	-

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashould be detached for use as the burnal-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, th

MPORTANT: If them 21 is marked ar them 18 shaws any

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital ar attending physician.

Charles the control of the control o of the first order and A SOMETHER STATE OF THE STATE O The same of the sa CO Garage of posts of the following the state of the second of The state of the s

DHMH - 16 50M 4/83 (VRA 15, 4) FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CER	IIIICAIL O	DEATH	REG. N	IO.		
I. DECEASED NAME FIRST	MIDE	DLE	LAST		26 DATE OF DEATH	MONTH D.	AY YEAR	26 HOUR
ROBE	em E	SWALLEN			AUGUST 1	7. 19	84	10:22
1. SEX ROBE	4. RACE		TE OF BIRTH		6 AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 HRS
Male	Whit	e i	7 27	1921	63	YRS.	ONTHS DAYS	HOURS MIN.
BRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY?	RIED TO NEVE	ALADDIED []	9. BALTIMORE CITY		OF DEATH	
Ohio	U. S			DIVORCED [	BALTIMOR	E CIT	Y	MD.
CITY OR TOWN OF DEATH		SPITAL, NURSING HOA			12a USUAL OCCUPAT			F BUSINESS OR
BALTIMORE	JOHNS	HOPKINS H	OSPITA	T	attorne			Law
USUAL RESIDENCE (IF NURSIN	E OR OTHER INSTITUTION GIV	E RESIDENCE BEFORE ADMISSING		CITY LIMITS?	13e STREET ADDRESS			44646
Ohio	Stark 13	Massillon	YESXX	NO [	8860 Por		treet	NW GGGC
FATHER'S NAME			15. MOTHE	R'S MAIDEN NAM	ΛE		- 7	7777
Harvey	WIDDIE	Swallen		aroline	MIDDLE		Chol	
6 WAS DECEASED EVER IN U.S.		SOCIAL SECURITY NO	D. 17. INFOR	MANT	ADDR	ES8860	Portage	e St. NW
(YES NOOR UNKNOWN) (IF YE	WII WAR OR DATES)	288/18/6837	Miria	m Swalle	en M	assill	on Ohi	0 44646
18 CAUSE OF DEATH (Ente	anly one cause per line	e far (a) (b) and (c)						IMATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CA	JSED BY.	cardi	DOIL	mono	anu an	rest	- GC / WEGING	17 has 1
IMME	DIATE CAUSE (a)		1					77 1 1 1 1
	DUE TO, OR AS A CONSEQUENCE OF ,							
Canditians, if any, which gave rise to immediate								0 101
cause (a), stating the	DUE TO, OR A	S A CONSEQUENCE O	F 1 1 . 6	1 1			1 1	71
underlying cause last.	(c)		Mod	alm;	s clused	se		· 4 us.
PART 2 OTHER SIGNIFICAL	NT CONDITIONS CON	TRIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TERMI	NAL DISEASE OR CON	IDITION GIVE	N IN PART 10	a V
190 DATE OF OPERATION								
5 190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERA	TION WAS PER	ORMED	20s AUTOPSY?		WERE FINDING CAUSES	
#					YES NO	YES		NO IX
OR COLUMNIA COLUMN	L	NJURY MONTH DAY YE	21c HOW	INJURY OCCURR	ED (ENTER NATURE OF INI	JRY IN ITEM 18 PA	RT   OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAM	DEATH		9					
214 INJURY OCCURRED	21e PLACE OF		211 LOCA		CITY OR TO	OWN	COUNTY	STATE
WHILE DOT WHILE DAT WORK	(A) HOME, STREET	FACTORY, OFFICE FARM, ETC	) 518		CIT ON I	,,,,,		3.01
220 1 certify that (I) (this h	aspital attended the d	eceased fram 3L	1416	19 64	to Aug	17	984	that (1) (we) last
saw the deceased alive			, and that in m	(aur) apinian d	leath occurred an the c	late and haur		
77E SIGNATURE	not view the bady dft	er death	DEGREE				22c DATE	SIGNED ,
	11000		Thous	ATTENDING	MEDICAL STA		Q	117/81
224 PHI SICIAN'S NAME (P	PE OR PRINT!	2	TIZE ADDR	PHYSICIAN E	DIRECTOR PHYSI			11110
1/- 11	0 0	4			WOLFE S	r BALT	CO, MI	)
Kennerr		ter			INS HOSP	ITAL.		
23a. BURIAL, CREMATION, REMOV (SPECIFY)			F CEMETERY O	R CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
Burial	8-22-	84 North	lawn (	emetery	Canton		tark	Ohio
24 FUNERAL DIRECTOR		ADDRESS		250 DATE	REC'D. BY REGISTRA			
Marzullo Funera	l Service	Reister	stown, Mo	IA Al	JU Z U 1984	Lillary	Jan grand	A Park

Approximation to be a first to the contract of 
The state of the s

All the rights, the

September 10 to 10

FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE

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ILITE	VI	HEP	45111	MILL	MAF	LIME	-
CEL	RTI	FIC	ATE	OF	DEA	TH	

! -	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.			
		FIRST		AIDDLE	L	AST		20. DATE OF		NTH DAY	YEAR	2b. HOUR
(TYPE	OR PRINT)	Susi	Δ .	М	St	iger			8	1.3	1984	11:37 <sup>A</sup>
SEX	<	Dusi	4 RACE	rr.				6. AGE (INYE)	ARS LAST BIRTHDA			IF UNDER 24 HRS
r'e	male		White				1915		69		VIHS DAYS	HOURS MIN.
_		OR FOREIGN			8.			9. BALTIMOR			DEATH	
_ 0	OUNTRY)								_			1
												F BUSINESS OR
			(IF NOT IN SUCI	FACILITY, GIVE STREET	ADDRESS)			(TYPE OF WORK I	FOR MOST OF WO	ORKING LIFE)	INDUSTRY	
		IRSING HOME OF				Mea.	center	Hous	sewire	;		
3a. S	TATE	M COU	YTY	13c. CITY OR TOW	N							01010
		Bal	timore	Edgeme	re				MITIC	W AV	enue	21219
) FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER	FIRST	AME	MIDDLE		LAST	1
Νe	ewton		E								Gre	een
				166 SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADDRESS			
				216-20-	3121	Earl	R. Sw	riger	S	ame		
	18 CAUSE OF DEA	ATH (Enter or	nly one couse per	line for (a), (b), and	dic	(4)					BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH			Carlia	n C	unes	T					
		IMMEDIA			LIST OF							
	Conditions if a	details	DUE TO, OF	AS A CONSEQUE	CA .	.0	Luke	1			LONG.	
	gove rise to in	mmediate	(b)	, vago	ara	w c	Maria	an				
			DUE TO, OF	R AS A CONSEQUE	NCE OF							
Ťu.			(c)									
z	PART 2 OTHER SI	GNIFICANT	CONDITIONS CC	NI RIBUTING TO L	DEATH BUT	NOT RELATE	D TO THE TERM	MINAL DISEASE	OR CONDITI	ON GIVEN	IN PART TO	)
10 10		A TIONI	Tim covini	TION FOR WHICH	ODEDATIO	NI MAKAC DEDE	ODMCO	I an- AUTOG	0000	L IEVEC V	VEDE EINIDIN	ICS HSED
ICA	190 DATE OF OPEN	MUNIA	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	OKMED		II.	CERTIFYIN	NG CAUSES	OF DEATH?
RTII						Territoria						NO []
					YEAR	21c HOW	NJURY OCCUR	RED (ENTERNATI	URE OF INJURY IN	ITEM 18 PART	I OR PART 2)	
CAL				M	19	100				17		
EDI	216. INJURY OCCU	JRRED			ARM FIC I				CITY OF TOWN		COUNTY	STATE
2	AT WORK NOT	WHILE O	(41.101.01.01.01.01.01.01.01.01.01.01.01.0	er. ( Actom), Gritica, (							P.	
	220 I certify that	(I) (this hosp	ital) attended the	e deceased from_	50/1	3	19 84	, to	8/13	. 19	79	that (1) (we) last
	sow the dece	osed plive or	_ 8(1)	19_	01	nd that in (m	r) (our) opinion	death occurred	on the date	and hour o	nd from the	couses stated
	22b. SIGNATURE	) (did) (did no	of) view the body	offer death.		DEGREE					22c. DATE	SIGNED
	11)	0	Ma	02 L 4.	0		ATTENDING	MEDICAL	STAFF	-	8/13	3/56
	224 PHYSICIAN'S	NAME ATTURE	OR PRINT	100		122e ADDRI		DIRECTOR	PHYSICIAN		10	710 P
	4011	5	2011			70	120	and n	1 pt	- DI	)	
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Susie M. Swiger Back Dame Back Susie M. Swiger Back Date of DEATH Brown DAT 176 A BACK DATE OF DEATH Brown DAT 176 A BACK DATE OF DEATH BROWN DATE	STATE											
Bı	irial				orel	and M						
	NAME		•	Inc.					GISTRAR 256	· R		
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etained by the haspital ar attending physician

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1 and Anntal Hygiene prior to burial, cremation, ar removal.

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PORTANT: If them 21 is marked or them

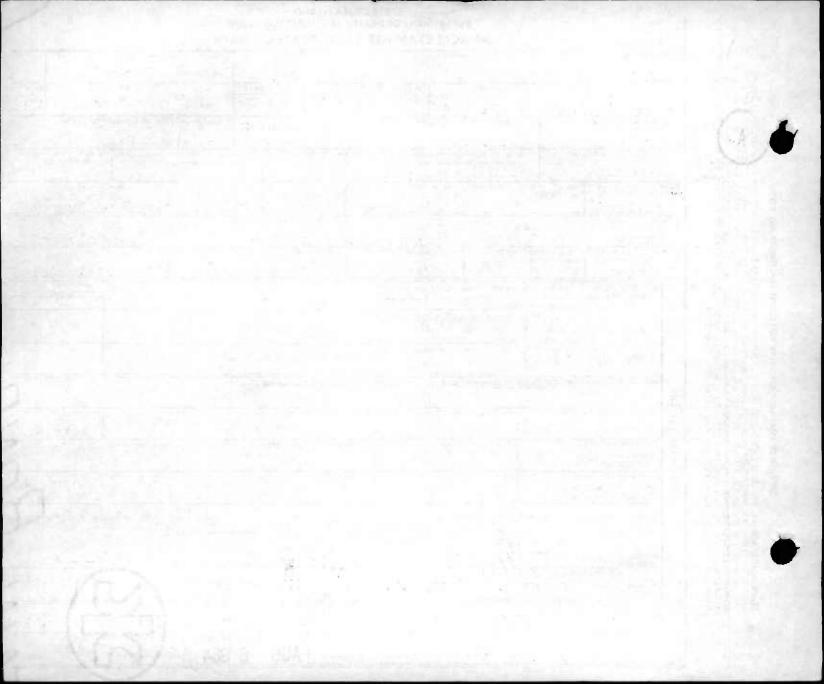
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1			OI MAKTEARU		1 13 /4	1
1	FOR - STATE REGISTRAR		EALTH AND MENTAL HYGI		0 4	Ş
1.0	ECEASED NAME FIRST	MIDDLE	AST	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	(PE OR PRINT)		ee - inine	U	12 84	D 040
2.6	Groline	ACE S. DATE C	CZKOWSKI	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
3. S	E	MONTH	DAY YEAR	AGE INTERRITATION	MONTHS DAYS	HOURS MIN.
1	1emale	White 01	15 12		RS CS OF ATH	
170	BIRTHPLACE (STATE OR FOREIGN 7b. (	CITIZEN OF WHAT COUNTRY?	NEVER MARRIED	BALTIMORE CITY OR COL	UNITOFDEATH	
1	Maryland	USA WIDOWE	- 100	Baltimor	C1+1	MD.
	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL OF HOSPIT	OS OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK		F BUSINESS OR
Us	UAL RESIDENCE (IF NURSING HOME OF OTH	ER INSTITUTION GIVE RESIDENCE BEFOR ADMISSION)	33 2 1100	VI-P?		THE CAN
1	Maryland A.	A. Glen Buen	YES NO NO	907 Lang	ey Rol.	21061
14	FATHER'S NAME	DIE LAST	15 MOTHER'S MAIDEN NAM	MIDDLE	MA A BAZIAS	
1	LEWIS -	- Schneider, JR	Elizabe-	th -	ALThe	ter
16a	WAS DECEASED EVER IN U.S. ARMED	R OR DATES)	17. INFORMANT	ADDRESS	100	2106
L	NO -	214-01-5075	Mary Ridg	eway 53	3 Manes	e Ciecle
	18 CAUSE OF DEATH (Enter only o	ne couse per line for (a), (b), and (c).)			APPROXI BETWEEN	MATE INTERVAL DISET AND DEATH
	PART I. DEATH WAS CAUSED BY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nest	7		
		DUE TO, OR AS A CONSEQUENCE OF				
	Conditions, if ony, which	(b) Lenkemin				
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF				
	underlying couse lost.	c)				
z		DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	N GIVEN IN PART I	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDIN	IGS USED
S.				IN C	ERTIFYING CAUSES	
ERT	21a. ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY	121¢ HOW IN JURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE		NO []
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	The transfer of Comments	CD (EMENIATIONE OF PARTY NAME	/	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d IN JURY OCCURRED	P.M. 19 21e PLACE OF INJURY	211 LOCATION			
MEC	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	ZIII EOCATION	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK		1	8/15	14	
	22a.1 certify that (I) (this hospital sow the deceased plive or		d that in (my) (our) opinion d	to Office		that (I) (we) lost
	above, (I) (we) (dut (did not) vi	ew the Body after death.		eom occurred on the dole on		
	22% SIGNATURE	N/A	ATTENDING	MEDICAL STAFF _	22c DATE	SIGNED
1	The	1000	PHYSICIAN [	DIRECTOR PHYSICIAN	1 07/2	184
	724 PHYSICIAN S NAME (IVIN OF PRI		22e ADDRESS	(	/	
	PARI	7 % 5	0,.0			
230	BURIAL, CREMATION, REMOVAL		EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE A
	Buria	8-16-84 Loudo		1º Baltimore	City	, Md
24	FUNERAL DIRECTOR .	ADDRESS	25a. DATE	REC'D. BY REGISTRAR 255 RE	EGISTRAR'S SIGNAT	ndell
K	aymond C. Fin	JK Glen Bup	NIE, Mal AUG	1 4 1984	Chambra - 1	4

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STATE OF MARYLAND



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	STATE OF
OR	DEPARTMENT OF HEALT

STATE OF MARYLAND

EPARTMENT OF HEALTH AND MENTAL HYGIENE 4

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REGISTRA	R		CEKTIFICATE OF DEATH	REG. NO.	
I. DECEASED NA	ME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
[TITPE OR PRINT]	John		Szczeszek	Aug. 3,19	84
3. SEX	-	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
Ma	le	White	Nov. 23, 1927	56	MONTHS DAYS HOURS M
	(STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COL	UNTY OF DEATH
Marula	nd	USA	WIDOWED DIVORCED	1 200 1 - 1 000	wre (ity
Baltin	N OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NO) IN SUCH FACILITY, GIVESTREET A SOUTH BALLO, GEN.		120. USUAL OCCUPATION (PYPE OF WORK FOR MOST OF WORK DUS DRIVER	ING LIFE) INDUSTRY RANSIA
Marylan	d 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13 CITY OR TOWN ——— Baltimon	N 134 INSIDE CITY LIMITS?		E. Balto . Md. 21230
14. FATHER'S NA	hn -	MIDDLE Chesten	15. MOTHER'S MAIDEN N	MIDDLE	Majewski
	SED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
IYES NO DRUN	W.W.	2 219-10-5	755 Mrs. Evelyn	J. Szczeszek, San	ne as above
gove ris cause ( underlyin	is, if any, which to immediate a), stating the g cause last	DUE TO, OR AS A CONSEQUE	NCE OF arter	MINAL DISEASE OR CONDITION	N GIVEN IN PART 1 (a
NO NO	OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
00.000,000	ENT WAS UNDERLYING E BUTING CAUSE OF DE NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH DA	Y YEAR 19	PRRED (ENTER NATURE OF INJURY IN ITE	M IS PARTTOR PART 2}
VHIIE AT WORK	Y OCCURRED  NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw	he deceased alive or	ital) attended the deceased from 19	2 19 87 , and that in (our) apinio	n death occurred on the date an	d haur and from the causes states
27b. SIGN	uldon H	attille	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/3/M
	SLOON H-C		127e ADDRESS 4940 Eas	tem Aven	e Salt - Wid
(SPECIFY)	MATION, REMOVAL Burial	1 = 1001 C	name of cemetery or crematory	Baltimore,	Maryland STATE
24 FUNERAL DI		Home, 130 E. Font		ATE REC'D. BY REGISTRAR 230 BI	a Davidson-Rufflage

DHMH - 16 50M 4/B3 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be

etained by the haspital or attending physician.

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IORE, MARYLAND 21201	executed within 24 hauns after death. Fage 4 ma	ond completely filted in by the funeral feature pages 1 and 2 should be filted within 72 four after a	edicol exignine ( ) be optified ( only	10. CI	RTHPLACE COUNTRY)  LA TON  TY OR TON  AL RESIDEN  LA TES NA  EIR  ALTER'S NA  EIR  WAS DECE VES APPOR UP  VES APPO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within \$4 incrined by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 strauth be the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If them 21 is morked or Item 18 shows any injury, ar ather troumatic event, the medical examine	MEDICAL CERTIFICATION	Condition gove riccuse underly:  PART 2 C  190 DATE  21a. ACCID OR CONTIE: (# EIHER 21d. IN JUI WHIE AT WORK  226. SIGN  22d. PHYS  22d. PHYS

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

FOR - STATE REGISTRAR		DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENI
CEASED NAME	FIRS1	MIDDIE	, IASI Jzczubor	20
E OR PRINT)	STEPHANIE	K.,	(SCZCYBOR)	O

FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGICATE OF DEATH	01	218	346	
R PRINTI	TEPHANIE	K.,	1	CZCYBOR)	20 DATE OF DEATH	8/9/	B4 P	8: 32P M
Female	4 RACE White		S. DATE O		6. AGE (IN YEARS LAS		NONTHS DAYS	HOURS MIN
THPLACE (STATE OR FORE)	on 76. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CIT Baltimon			MD
timo re		HEACILITY, GIVE STREET AL		R OTHER INSTITUTION	120 USUAL OCCUP (Type OF WORK FORMS HOUSEWLF	ST OF WORKING 19F		OF BUSINESS OR
RESIDENCE (IF MURSING) ATE 13b.	COUNTY	13c. SITY OR TOWN		134 INSIDE CITY LIMITS?	13. STREET ADDRES	SS / ZIP CODE Llis /lv	e. 2123	30
HER'S NAME FIRST	MIDDLE	Koros		Maryanna	ME	£	Gonzas	la
AS DECEASED EVER IN L	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	313 .14 H		Murie Kucins		riffis	ilve.	
8 CAUSE OF DEATH (E PART I. DEATH WAS	nter only one couse per CAUSED BY: AEDIATE CAUSE (o)	line for (a), (b), and	100	tory fa	ilurc		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
Conditions, if any, wh gave rise to immedi cause (a), stating underlying cause le	DUE TO, C	r as a consequen						
PART 2 OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GIV	EN IN PART 1	a
8 7 8U	1 Sm	TION FOR WHICH C	-	Obstructor	200 AUTOPSY?	IN CERTIF	, WERE FINDING CAUSES	
TIO. ACCIDENT WAS UNDERLY OR CONTRIBUTING . CAUS	E OF DEATH HOUR A	DE INJURY M. MONTH DAY M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF	NJURY IN ITEM 18 P	ART I OR PART 2]	
16. INJURY OCCURRED		OF INJURY REET, EACTORY, OFFICE, FAI	RM, ETC }	211 LOCATION STREET	CITYO	RTOWN	COUNTY	STATE

190 DATE 21a. ACCIE OR CONTR ( IF EITHER 21d. INJU 220 1 certify that (I) (this hospital) attended the deceased from

sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN CVIN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

FAKHOURI

136 NAME OF CEMETERY OR CREMATORY HOLY ROSURY Cem. 8-13-84 23a. BURIAL, CREMATION, REMOVAL Balto. Burial

Webern Juneral Home 5311 Edmondson Ave.

STATE

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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with the State Dept. or regain and Mental Hygiene prior to Durior, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, or other traumatic event, the medical example to the state of t

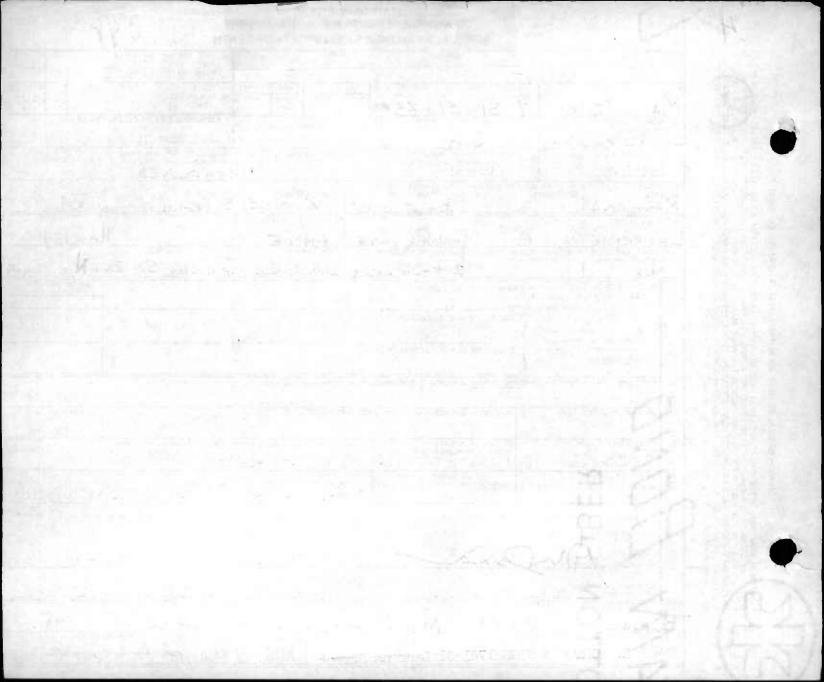
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEAT		1 8 4	100
1		CEASED NAME FIRST . CARLTO	MIDDLE	TAFT	20. DATE OF DEATH	MONTH DAY YEAR Q - 1 - 84	26 HOUR P 2:15 M
I	3 SEX	M	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	PETHONY)  IF UNDER 1 YEA  MONTHS: DAY  YRS.	
5	1	OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARR	ED BALT	OR COUNTY OF DEATH	MD
7	B	ALTIMOREL	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A WTHERAM	HOSP	120. USUAL OCCUPAT	TION OF WORKING LIFE) 126. KIND INDUSTR	O OF BUSINESS OR
	13a. S	TATE 136 COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE A	YES NO	0 2416 PK	ESBURY!	51.
	1	THER'S NAME ENOU TO MID	PAT LAST	15 MOTHER'S MAI	Patrier MIDDLE		LAST
	A (1	VAS DECEASED EVER IN U.S. ARME LES NO OR UNKNOWN 1 (IF YES GIVE W P.F. 3-57	D FORCES? 166 SOCIAL SECUR AR OR DATES! 214386	261 ROSSEVE	It Taft 42	41 Flower	
		18 CAUSE OF DEATH   Enter only of PART I. DEATH WAS CAUSED E	M. Mola	statiz dis	ease	BET WEE	OXIMATE INTERVAL EN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	IRIT CAR	cinoma		
	NOIL	PART 2. OTHER SIGNIFICANT COI					
	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH (		YES NOT	206. IF YES, WERE FINI IN CERTIFYING CAUS YES	NO
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	OCCURRED (ENTER NATURE OF NI	URY IN ITEM 18 PART 1 OR PART 2	?)
	MED	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	ARM, ETC.)	CITY OR TO	OWN COUNTY	STATE
		220.1 certify that (1) (this haspital sow the deceased aftive on above, (1) (we) (did) (did not) v	8//		opinion death accurred on the c		
		226. SIGNATURE JULY 7	Durng	PHYS	IDING MEDICAL STA	AFF _ 21	1 184
		314 THU	Y DWN4			HOSPITA	_
	1	3 Wrial	8-6-84 G	arison fores	owing		Marte
	C	Walnur of	× 2700 Edn	novelsen and	AUG 2 1984	Rash REGISTRARIS SIGN Fuha Daydon-1	Andere

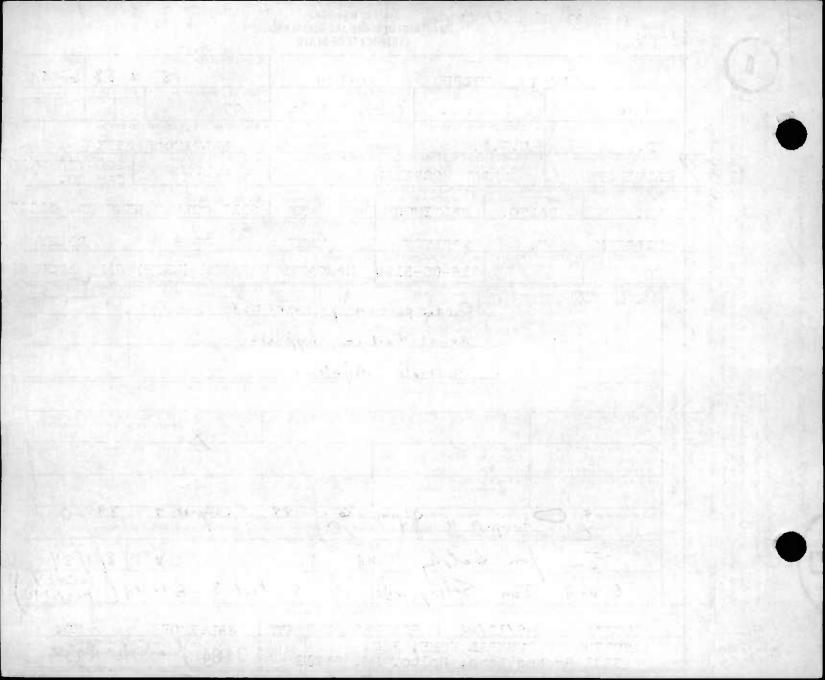
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20M 4/82

	FOR STATE REGISTRAR	MEDICAL	EXAMINER'S CERTIFIC		REG. NO.	yp
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF	ESTI-	
	LAWR		TANNER		MATED   8	1/ -
SE	4 RACE	5. DATE OF BIRTH	LAST BIRTHDAY) MONTHS DAYS	HOURS MIN PRONOL	JNCED	b
70 8	RTHPLACE (STATE OR	7 31 51	33 YRS.	DEA		S 5 1984 P
FO	REIGN COUNTRY)	1151	MARRIED NEV	/ER MARRIED	imore Cit	
	TY OR TOWN OF DEATH		JRSING HOME, OR OTHER INSTITUT	TION 120. USUAL OCC	UPATION (TYPE OF W	VORK 126 KIND OF BUSIL
]	Baltimore	University		FOR MOST OF WO	PLOYED	OR INDUSTRY
USU/	AL RESIDENCE (IF IN NURSING HOME OF TATE 136 COUN	OR OTHER INSTITUTION, GIVE RESIDENCE				21333
	ARVLANA	3	ALTIMORE YES		PANKINT	OLEN Rd.
	ATHER'S NAME	MIDDLE	15. MOTHE	R'S MAIDEN NAME	MIDDLE	a LAST
	AWRENCE	M JANI		NIE		HARVEY
16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SO	CIAL SECURITY NO. 17. INFORM		ADDRESS	
	No	214		RENCE JANT	VER SK	
	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)	DAV				APPROXIMATE IN BETWEEN ONSET AN
		TE CAUSE (a) STAD	wound to abdomen			
	Conditions, if any, which		NSEGUENCE OF			
	gave rise to immediate cause (a) stating the under-		NSEQUENCE OF			
	lying cause last.		TOEGOETTEE OF			
7	PART 2 DINER SIGNIFICANT CONDITIONS	(c)	ATED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1 in		
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORA	MED?		20 AUTOPSY?
IFIC						YES 🕱
CER	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH	L DAY YEAR	OCCURRED (ENTER NATURE OF	NJURY IN ITEM 18 PART 1	
MEDICAL	CONTRIBUTING CAUSE OF	DEATH 12:55XXX 8	3-5-19 84 Subject	was stabbed.		
MEDI	21d. INJURY OCCURRED	2 Te PLACE OF INJUR'STREET, FACTORY, FARM.	ETC.) STREET	CITY OR T		COUNTY
	WHILE NOT WHILE AT WORK	street	Franklin	town Rd. & W.	Balto. S	St.,Balto. C
	22a I certify that I took charg	ge at the remains described ab	ave, held an Autopsy X	Inspection . Inquir	y . and in i	my apinian
	death resulted framt Natur	ral causes . Accident	, Suicide , Homici	ude X . Undetermined r	nanner .	
	ACTUAL M.	00	TITLE (SP			DATE O C OA
		Jan La	M.D. ASS	istant_MEDICAL EXA	MINER S	SIGNED 8-6-84
	SIGNATURE A	- 1				
	EXAMINER'S TAME	M Dison M D		111 Donn Ct	Palto	Md 21201
73n R	EXAMINER'S AND AND			111 Penn St.,		
230 B	EXAMINER'S TAME	23b. DATE 23c.	NAME OF CEMETERY OR CREMATO	ORY 23d. LOCATION		COUNTY
B 24. F	EXAMINER'S AND LIPING OF PRINT) AND LIPING OF PRINT) AND LIPING OF PRINT OF	23b. DATE 23c. 8-9-84	MANE OF CEMETERY OR CREMATO	RY [23d, LOCATION	SPRIME REGISTRA	



I. D	REGISTRAR ECEASED NAME PE OR PRINT)	FIRST		MIDDLE	LA	ST	2a. DATE OF D	REG. NO.	DAY	YEAR	2b. HOUR
L	PE OR PRINTS	GEORG	GE V	WILBUR	TA	RLTON		8	9	84	6:05
3. S		17	RACE		5. DATE O		AGE (IN YEAR	RS LAST BIRTHDAY)	MONTH	DER I YEAR	IF UNDER 24 I
	MALE		WHIT			r. 2 1906	77	YRS	_	11	
70.	BIRTHPLACE (STATE OR FO	OREIGN /b	U.S.	WHAT COUNTRY?	MARRIED WIDOWEL	NEVER MARRIED		LTIMOR			
1	CITY OR TOWN OF DEAT BALTIMORE	/	I. NAME OF I	HOSPITAL, NURSIN THE FACILITY, GIVE STREET RCY HOSI	NG HOME O	R OTHER INSTITUTION	120 USUAL OC	CUPATION OR MOST OF WORKING	LIFE) IN		TINEN CO.
130.	JAL RESIDENCE IF NURSING STATE  MD.  ATHER'S NAME	COUNTY	LTO.	13c. CITY OR TOW	/N	13d. INSIDE CITY LIMITS? YES NOXX	<u> </u>	GOLDEN	RII	NG R	D. 2
W	WILLIAM	F		TARLT(		15. MOTHER'S MAIDEN NA. FIRST MARY		JANE		LAST	RALE
2 160	WAS DECEASED EVER II	IN U.S. ARME   IF YES, GIVE W		215-05		MARGARET	TARLTO	ADDRESS N (WIF	E) \$		ADDI
	18 CAUSE OF DEATH PART I. DEATH WA	1 Enter only	one couse per	line for (a), (b), on	nd (c).)					BETWEEN	MATE INTERVAL ONSET AND DEA
	Conditions, if ony,	which	DUE TO, O	RAS A CONSEOU	FA I	ure hype	(ia				
	Conditions, if ony, gove rise to immicouse (lo), stoting underlying couse	nediote g the lost	(b)	Renal RAS A CONSEOU Multi	Fail ENCE OF Ale	Myelona	INAL DISEASE C	DR CONDITION (	SIVEN IN	PART No	
CATION	gove rise to imme couse (o), stoting underlying couse	lediate g the lost	DUE TO, OI	Renal RAS A CONSEOU Multi DINTRIBUTING TO	ENCE OF	Myelona	INAL DISEASE C	SY? 20b. IF Y	res, wer	RE FINDIN	GS USED
RTIFICATION	gove rise to imm. couse IoI, stoling underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERATI	lost  IIFICANT COI	DUE TO, OI	Renal RAS A CONSEOU Multi ONTRIBUTING TO	ENCE OF	Myelena NOT RELATED TO THE TERM	20a AUTOPS	SY? 20b. IF Y	YES, WER	RE FINDIN CAUSES	
CAL CERTIFICATION	gove rise to immicouse IoI, stoling underlying couse  PART 2. OTHER SIGN	IFICANT COL	DUE TO, OI  (c)  NDITIONS CC  19b. CONDI	Reng/ RAS A CONSEOU  Multi  DITION FOR WHICH  IF INJURY M. MONTH D	ENCE OF A PEDEATH BUT IN	Myelona NOT RELATED TO THE TERM	20a AUTOPS	SY? 20b. IF Y	YES, WER	RE FINDIN CAUSES	GS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to immocouse 10), stoling underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERATI  21a. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC.)  21d. INJURY OCCURRI WHILE NOTIWALL  NOTIWALL	IF ICANT COI	DUE TO, OI  (c)  19b. CONDI  21b. TIME O  HOUR A.  21e. PLACE	REAG A CONSEOU  MUTTO  DITRIBUTING TO  ITION FOR WHICH  OF INJURY  M. MONTH D.  M.	DEATH BUT P	Myelena NOT RELATED TO THE TERM	200 AUTOPS YES NATUR	SY? 20b. IF Y	YES, WER TIFYING YES D	RE FINDIN CAUSES	IGS USED OF DEATH? NO
7	gove rise to imme couse 10), stoling underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERATI  21a. ACCIDENT WAS UNDER OR CONTRIBUTING COURT (IF EITHER NOTIFY MEDIC.)  21d. INJURY OCCURRING AT WORK AT WORK NOT WHILE AT WORK  22a. I certify that Occurring the decease obove, (I) (well displayed)	IFICANT COL	DUE TO, OI  (c)  19b. CONDI  21b. TIME O HOUR A. P. 21e PLACE IAT HOME. STR	Reng!  RAS A CONSEOU  MU TO  DITION FOR WHICH  ITION FOR WHICH  IF INJURY  M. MONTH D  M.  OF INJURY  GET, FACTORY, OFFICE I	ENCE OF  DEATH BUT IN  OPERATION  AY YEAR  19  FARM, ETC.)	Myelona  NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCURR  211. LOCATION	200 AUTOPS YES NEED (ENTER NATUR	20b. IF IN CER	YES, WEF TIFYING YES D B PART I O	RE FINDIN CAUSES  OR PART 2)  OUNTY	IGS USED OF DEATH? NO STATE
7	gove rise to imm couse 10), stoling underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERATI  21a. ACCIDENT WAS UNDE OR CONTRIBUTING CORE (IF EITHER NOTIFY MEDIC.  21d. INJURY OCCURR WHILE AT WORK AT WORK 22a. I certify that (Decompose) sow the decease obove, (I) (we) (d)  22b. SIGNATURE	IFICANT COL  ION  ERLYING AUSE OF DEATH ALL EXAMINER)  ED  LLE X  Athis (hospital Coline on Ause of Death Author of Death Auth	DUE TO, OI  (c)  19b. CONDI  21b. TIME O HOUR A. P.  21e PLACE   14t HOME. STR	Reng!  RAS A CONSEOU  MU TO  DITION FOR WHICH  ITION FOR WHICH  IF INJURY  M. MONTH D  M.  OF INJURY  GET, FACTORY, OFFICE I	DEATH BUT IN  OPERATION  AY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM  WAS PERFORMED  216. HOW INJURY OCCURE  211. LOCATION  STREET  d that in (our) apinion of the performent of the performance of the performan	200 AUTOPS YES NEED (ENTER NATUR	20b. IF YIN CER	YES, WEF TIFYING YES D B PARTIO	RE FINDIN CAUSES  OR PART 2)  OUNTY	STATE
MEDICAL	gove rise to imm. couse 10), stoling underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERATI  21a. ACCIDENT WAS UNDE OR CONTRIBUTING CAR (IF EITHER NOTIFY MEDIC.)  21d. INJURY OCCURRI AT WORK NOTIFY WEIGHT AT WORK  22a.1 certify thob(0) sow the deceose obove, (1) (We)(d)  22b. SIGNATURE  22d PHYSICIAN'S NAME  22d PHYSICIAN'S N	IFICANT COL  ION  ERLYING AUSE OF DEATH AL EXAMINER)  ED  ALL CALL   DUE TO, OI  (c)  19b. CONDI  21b. TIME O HOUR A. P.  21e PLACE   14t HOME. STR	Reng!  RAS A CONSEOU  MU TO  DITION FOR WHICH  ITION FOR WHICH  IF INJURY  M. MONTH D  M.  OF INJURY  GET, FACTORY, OFFICE I	DEATH BUT IN  OPERATION  AY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM  WAS PERFORMED  21c. HOW INJURY OCCURY  21l LOCATION  STREET  19  4 that in (our) apinion operates  ATTENDING	200 AUTOPS YES NEED (ENTER NATUR  TO Autopate death occurred of the death occurred occurred on the death occurred occurred occurred occurred on the death occurred oc	20b. IF YIN CER	YES, WEF TIFYING YES D B PARTIO	OUNTY OUNTY OUNTY	STATE	
MEDICAL	GOVE rise to imm. COUSE 10), STOTING UNDERLYING COUSE  PART 2. OTHER SIGN  19a. DATE OF OPERATI  21a. ACCIDENT WAS UNDE OR CONTRIBUTING COURT (SEITHER NOTIFY MEDICAL AT WORK NOTIFY MEDICAL AT WORK  22a. I certify those Soon the deceoses Soon the deceones Soon the deceones Soon the deceones Soon the deceones Soon the	IFICANT COL  ION  ERLYING AUSE OF DEATH AL EXAMINER)  ED  ALL CALL   DUE TO, OI  (c)  NDITIONS CC  19b. CONDI  21b. TIME O HOUR A. P.  21e PLACE ( 1 AT HOME. STR  View the body  23b. DATE	REAG A  RAS A CONSEOU  MUITO  DITION FOR WHICH  OF INJURY  M. MONTH D  M. OF INJURY  REEL FACTORY, OFFICE I  after death.  Selsky  2361	ENCE OF  ENCE OF  DEATH BUT P  OPERATION  AY YEAR  19  FARM, ETC.)  NAME OF CE	Myelona  NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCURR  211. LOCATION  STREET  214 that in (our) apinion of the performance of	YES NEED LENTER NATUR  NED LENTER NATUR  A deoth occurred of DIRECTOR DIRECTOR DIRECTOR CITY OR	THE OF INJURY IN ITEM IN THE OF INJURY IN ITEM	YES, WERTIFYING YES D B PARTIO	OUNTY  OUNTY  OUNTY  OUNTY	STATE  ST	
WEDICAL WEDICAL	gove rise to imm. couse 10), stoling underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERATI  21a. ACCIDENT WAS UNDED OR CONTRIBUTING OR CONTRIBUTION OF CON	IF ICANT COL  ION  ERLYING AUSE OF DEATH AL EXAMINER)  ED  ILE COL  ICH COL	DUE TO, OI  (c)  NDITIONS CC  19b. CONDI  21b. TIME O HOUR A.  21e PLACE 1 AT HOME, STA  view the body  23b. DATE  8/13	REAG A  RAS A CONSEOU  MUITO  DITION FOR WHICH  OF INJURY  M. MONTH D.  OF INJURY  REEL FACTORY, OFFICE I  after death.  Selsky  236 I	DEATH BUT P  OPERATION  AY YEAR  19  FARM, ETC.)  NAME OF CE  GARDE	Myelona  NOT RELATED TO THE TERM  WAS PERFORMED  211. HOW INJURY OCCURP  211. LOCATION  STREET  214 that in (our) apinion  DEGREE  ATTENDING PHYSICIAN  220 ADDRESS  301 ST.  METERY OR CREMATORY  SNS OF FAITH	20d AUTOPS YES NEED (ENTER NATUR  MEDICAL DIRECTOR DIRECT	THE DESCRIPTION OF THE PHYSICIAN AS TAFF PHYSICI	YES, WEF TIFYING YES  B PART I O	OUNTY  OUNTY  from the control DAJES  NTY	STATE  STATE  STATE  STATE  STATE  STATE  MD.



ould be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remave carbonpopers: Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

etained by the hospital

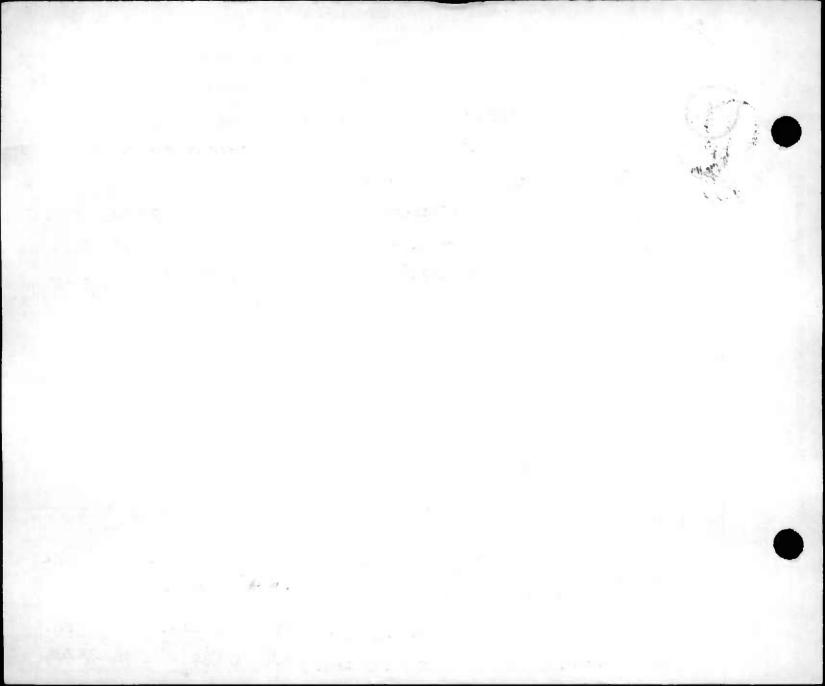
DHMH - 16 50M 4/83 (VRA 15, 4)

### STATE OF MARYLAND

DEPARTM

ENT	OF	HEALTH	AND	MENTAL	HYGIENE	ć
CEI	RTI	FICATE	OF	DEATH		

	FOR STATE REGISTRAR			IEALTH AND MENTAL HYC FICATE OF DEATH	REG. NO	,		
1 DE	CEASED NAME FIRST	MIDDLE		LAST		MONTH DAY	YEAR	2b HOUR
	OR PRINT)	MIDDLE	10	1.	20 DAIL OF DEATH		0.1	70 1100K
E	Illa Kuth		100	110r		8 4	84	9.05 AA
SE)	X	4 RACE	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	Famale	Black	8	4 97	87	YRS		NOOKS MIN.
	RTHPLACE (STATE OF FOREIGN	16 CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	FDEATH	
1	O A	U.S.A			Raltin	ve (	City,	M
C	ITY OR TOWN OF DEATH			OR OTHER INSTITUTION	120 USUAL OCCUPATE	NC	12b KIND C	F BUSINESS OR
A	3-11-		Y. GIVE CTOPET ADDRECS		(TYPE OF WORK FOR MOST O	WORKING HEET	INDUSTRY	
L	xitto.	Bon Seco	urs Hosp:	ital				
	AL RESIDENCE (IF NURSING HOME OF	LOTHER INSPITUTION, GIVE RES	IDENCE BEFORE ADMISSIONS TY OR TOWN	1134 INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	2121	16
	aryland	1	altimore	YES X NO	2916 W. L		tte A	venue
	ATHER'S NAME	1 0	di cimor c	15. MOTHER'S MAIDEN NA				
		MIDDLE	LAST	FIRST	MIDDLE		1AS	
	James		<u> Hawkins</u>	Betty			Clark	ς
	WAS DECEASED EVER IN U.S. AR		OCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS		
(,	YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATEST	7-24-738	Charles T	avlor 65 E	ond A	venue	9
-				d Charles 1	47101 00 1		APPROX	MATE INTERVAL ONSET AND DEATH
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE						BETWEEN	ONSET AND DEATH
	IMMEDIA	TE CAUSE (o)	ONGESTI	VE HEART	FAILLIRE			
		1	CONSEQUENCE OF					
	Conditions, if ony, which	/	COMSEGUENCE OF					
	gove rise to immediate	(p)						
	couse (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF					
	underlying couse last.	(c)						
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BU	T NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVEN	IN PART I	0
Q								
¥								
50	IN- DATE OF OPERATION	19h CONDITION F	OP WHICH OPERATIO	N WAS PERFORMED	20s AUTOPSY?	20h JE YES, V	VERE FINDI	NGS USED
ICAT	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	ON WAS PERFORMED	206 AUTOPSY?	20b. IF YES, V IN CERTIFYIN		OF DEATH?
TIFICAT	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATION	ON WAS PERFORMED	206 AUTOPSY? YES NO		NG CAUSES	
CERTIFICAT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJU	RY	21¢ HOW INJURY OCCUR	YES NO	IN CERTIFYIN	NG CAUSES	OF DEATH?
O	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJU HOUR A.M. M	ry Onth day year	21¢ HOW INJURY OCCUR	YES NO	IN CERTIFYIN	NG CAUSES	OF DEATH?
O	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJU HOUR A.M. M P.M.	RY ONTH DAY YEAR 19	21c HOW INJURY OCCUR	YES NO	IN CERTIFYIN	NG CAUSES	OF DEATH?
O	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21b. TIME OF INJU HOUR A.M. M P.M. 21e. PLACE OF INJU	RY IONTH DAY YEAR 19 URY	21¢ HOW INJURY OCCUR	YES NO	IN CERTIFYIN YES	NG CAUSES	OF DEATH?
MEDICAL CERTIFICAT	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21b. TIME OF INJU HOUR A.M. M P.M. 21e. PLACE OF INJU	RY ONTH DAY YEAR 19	21c HOW INJURY OCCUR	YES NO	IN CERTIFYIN YES	NG CAUSES	OF DEATH?
O	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK NOTH WHILE AT WORK AT WORK	21b. TIME OF INJU HOUR A.M. M P.M. 21e. PLACE OF INJU (AT HOME, STREET, FACT	RY IONTH DAY YEAR 19 URY TORY, OFFICE FARM, ETC.)	21c HOW INJURY OCCUR	YES NO CITYOR TO	Y IN ITEM 18 PART	OUNTY	NO STATE
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hasp	21b. TIME OF INJU HOUR A.M. M P.M. 21e. PLACE OF INJU (AT HOME, STREET, FACTION) oftended the decer	RY IONTH DAY YEAR 19 URY TORY, OFFICE FARM, ETC.) used from	21c HOW INJURY OCCUR	YES NO CITY OR TO	Y IN ITEM 18 PART	OUNTY	STATE
O	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did not	21b. TIME OF INJU HOUR A.M. M P.M. 21e. PLACE OF INJU (AT HOME, STREET, FACTION) oftended the decer	RY IONTH DAY YEAR 19 URY TORY, OFFICE FARM, ETC.) used from	211. LOCATION STREET  19 and that in (my) (our) opinion	YES NO CITY OR TO	Y IN ITEM 18 PART	COUNTY	STATE that (I) (we) los couses stated
O	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hasp	21b. TIME OF INJU HOUR A.M. M P.M. 21e. PLACE OF INJU (AT HOME, STREET, FACTION) oftended the decer	RY IONTH DAY YEAR 19 URY TORY, OFFICE FARM, ETC.) used from	21t HOW INJURY OCCUR 211 LOCATION STREET  19 and that in (my) (our) opinion DEGREE	YES NO CITY OR TO CITY OR TO death occurred on the di	IN CERTIFYIN YES   VINITEM 18 PART WN	COUNTY	STATE that (I) (we) los couses stated
O	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did not	21b. TIME OF INJU HOUR A.M. M P.M. 21e. PLACE OF INJU (AT HOME, STREET, FACTION) oftended the decer	RY IONTH DAY YEAR 19 URY TORY, OFFICE FARM, ETC.) used from	21c HOW INJURY OCCUR 21L LOCATION STREET  19 and that in (my) (our) opinion DEGREE ATTENDING	YES NO CITYOR TO CITYOR TO MEDICAL STAL	IN CERTIFYIN YES   19 IN ITEM 18 PART	COUNTY	STATE that (I) (we) los couses stated
O	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AND WORK 220.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE  Jaw Mary  Jaw	21b. TIME OF INJU HOUR A.M. M P.M. 21e. PLACE OF INJU (AT HOME, STREET, FAC (ital) ottended the decer n D1) view the body after d	RY IONTH DAY YEAR 19 URY TORY, OFFICE FARM, ETC.) used from	211 LOCATION STREET  19 and that in (my) (our) opinion  DEGREE  ATTENDING 'PHYSICIAN	YES NO CITY OR TO CITY OR TO death occurred on the di	IN CERTIFYIN YES   19 IN ITEM 18 PART	COUNTY	STATE that (I) (we) los couses stated
O	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHITE AT WORK AT WORK 220.1 certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE  22d. PHYSICIAN'S NAME (1996)	21b. TIME OF INJU HOUR A.M. M P.M. 21e. PLACE OF INJI (AT HOME, STREET, FACT  (AT HOME, STREET, FACT  (AT HOME STREET)	RY IONTH DAY YEAR 19 URY TORY, OFFICE FARM, ETC.)  posed from	211 LOCATION  211 LOCATION  SIREET  19  and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	YES NO CITYOR TO MEDICAL STAL	IN CERTIFYIN YES   19 IN ITEM 18 PART	COUNTY	STATE that (I) (we) los couses stated
O	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AND WORK 220.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE  Jaw Mary  Jaw	21b. TIME OF INJU HOUR A.M. M P.M. 21e. PLACE OF INJI (AT HOME, STREET, FACT  (AT HOME, STREET, FACT  (AT HOME STREET)	RY IONTH DAY YEAR 19 URY TORY, OFFICE FARM, ETC.) used from	211 LOCATION  211 LOCATION  SIREET  19  and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	YES NO CITYOR TO MEDICAL STAL	IN CERTIFYIN YES IN IN ITEM TB PART WN  19 ate and hour o	COUNTY	STATE that (I) (we) los couses stated
MEDICAL C	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 220. I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no 220. SIGNATURE  JOHN JOHN STANKE 220. PHYSICIAN'S NAME (TYPE SERVICLA NO BURIAL, CREMATION, REMOVAL	21b. TIME OF INJU HOUR A.M. M P.M. 21e. PLACE OF INJI (AT HOME. STREET, FACTION) of the body after d OR PRINT) OR PRINT)	RY IONTH DAY YEAR 19 URY TORY, OFFICE FARM, ETC.)  osed from 19 ceath.	211 LOCATION  211 LOCATION  SIREET  19  and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	YES NO CITY OF INJUING	IN CERTIFYIN YES  YY IN ITEM 18 PART  WN  19  pate and hour o	COUNTY	STATE  that (I) (we) los couses stated  SHGNED
MEDICAL C	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MÉDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 270. I certify that (I) (this hosp sow the deceosed alive or obove, (I) (we) (did) (did no 22b. SIGNATURE  JOHN JOHN STANKE (TYPE  SERVICLA NO BURIAL, CREMATION, REMOVAI (SPECEY)	21b. TIME OF INJU HOUR A.M. M P.M. 21e. PLACE OF INJU (AT HOME, STREET, FACTION) of the body ofter d OR PRINT) OR PRINT) OR 23b. DATE	RY IONTH DAY YEAR 19 URY ORY, OFFICE FARM, ETC.) Dosed from Leoth.  23c NAME OF	211 LOCATION STREET  211 LOCATION STREET  19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN  220 ADDRESS BOW SEC	YES NO CITYOR TO MEDICAL STAL DIRECTOR PHYSIC	IN CERTIFYIN YES   YYUN ITEM TB PART WN  19 pte and hour o	COUNTY	STATE that (It (we) los couses stated
MEDICAL C	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE AT WORK AT WORK 270. I certify that (1) (this hasp sow the deceased alive or obove, (1) (we) (did) (did no 270. SIGNATURE  JOHN SIGNATURE  270. PHYSICIAN'S NAME (TYPE SERVICLA NO BURIAL, CREMATION, REMOVAL (SPECIFY)  BURIAL	21b. TIME OF INJU HOUR A.M. M P.M. 21e. PLACE OF INJI (AT HOME. STREET, FACTION) of the body after d OR PRINT) OR PRINT)	RY IONTH DAY YEAR 19 URY TORY, OFFICE FARM, ETC.)  osed from 19 ceath.	211 LOCATION 211 LOCATION 210 d that in (my) (our) opinion DEGREE 212 ATTENDING 213 ADDRESS BON SEC	YES NO CITYOR TO MEDICAL STAL DIRECTOR PHYSIC	IN CERTIFYIN YES   YYUNITEM TB PART WN  19 pte and hour o	COUNTY	state  that (I) (we) los couses stated  SIGNED  4-8-4
MEDICAL C	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MÉDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 270. I certify that (I) (this hosp sow the deceosed alive or obove, (I) (we) (did) (did no 22b. SIGNATURE  JOHN JOHN STANKE (TYPE  SERVICLA NO BURIAL, CREMATION, REMOVAI (SPECEY)	21b. TIME OF INJU HOUR A.M. M P.M. 21e. PLACE OF INJU (AT HOME, STREET, FACTION) of the body ofter d OR PRINT) OR PRINT) OR 23b. DATE	RY IONTH DAY YEAR 19 URY ORY, OFFICE FARM, ETC.) Dosed from Leoth.  23c NAME OF	211 LOCATION 211 LOCATION 210 d that in (my) (our) opinion DEGREE 212 ATTENDING 213 ADDRESS BON SEC	VES NO CITYOR TO MEDICAL STAIL DIRECTOR PHYSIC COUR HOS	IN CERTIFYIN YES  Y IN ITEM 18 PART  WN  19  ste and hour o	COUNTY  AR'S SIGNA	state  that (I) (we) los couses stated  SIGNED  4-8-4



# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

and Mental Hygiene prior to burial, cremotion, or removol.

morked ar Item 18 sho

should be detached far use as with the State Dept of Health

IMPORTANT: If hem 21 is

etained by the hospital ar TO FUNERAL DIRECTOR:

BP.

STATE OF MARYLAND	12
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	H
CERTIFICATE OF DEATH	

	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO			
	I. DECEASED NAME FIRST (TYPE OF PRINT)  JAM	MIDDLE		AYLOR	A	AONTH DA		26 HOUR
					Augus		1984	
	Male Male	Black	5. DATE C		6 AGE (IN YEARS LAST BIRTH		DAYS DAYS	HOURS MIN.
7	70. BIRTHPLACE   STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED 5	9 BALTIMORE CITY OR		OF DEATH	
/	N.J.	USA	WIDOWE					MD.
4	BALTIMORE	11. NAME OF HOSPITAL, NURSIN III. NOT INSUCH FACILITY, GIVESTREET, UNION MEMORIA			120 USUAL OCCUPATIO			F BUSINESS OR
5	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 136 COUN		N	130. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIR CODE Clay	St. 2	1202
0	14 FATHER'S NAME FIRST	MIDDIE LAST		15. MOTHER'S MAIDEN P	MIDDLE		TASI	
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV			Helen Ro	gers 1710 B		y St.	
	PART I. DEATH WAS CAUSE	oly one couse per line for (o), (b), and D BY:  TE CAUSE (o) Cause ren	e of	perineum + 1	over extremit	ies	BETWEEN C	MATE INTERVAL DNSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE  (b) Throm  DUE TO, OR AS A CONSEQUE  (c)	NCE OF	,	-+-			
		CONDITIONS CONTRIBUTING 10 D	DEATH BUT	NOT RELATED TO THE TE	rminal disease or cond	ITION GIVEN	N IN PART 110	
7	Jag DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDIN ING CAUSES	
7	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY	IN ITEM 8 PAR	RT LORPART 21	
	21d INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F	ARM ETC )	211 LOCATION STREET	( ITY OR TOW	N	COUNTY	STATE

Argust 12 27a | certify that (I) This-hospital attended the deceased from\_ sow the deceased alive on A 1944 13 above, (I) (we) (did) (did not) view the body after death.

84 opinion death accurred on the date and hour and from the causes stated

DEGREE

STAFF PHYSICIAN ATTENDING MEDICAL

22c. DATE SIGNED

224. PHYSICIAN'S NAME (TYPE OR PRINT) M. KAYA SILA, M.D. 22e ADDRESS

UNION MEMORIAL HOSPITAL

250 DATE REC'D.

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

8/16/84

236 DATE

23c. NAME OF CEMETERY OR CREMATORY Eastview Mem.

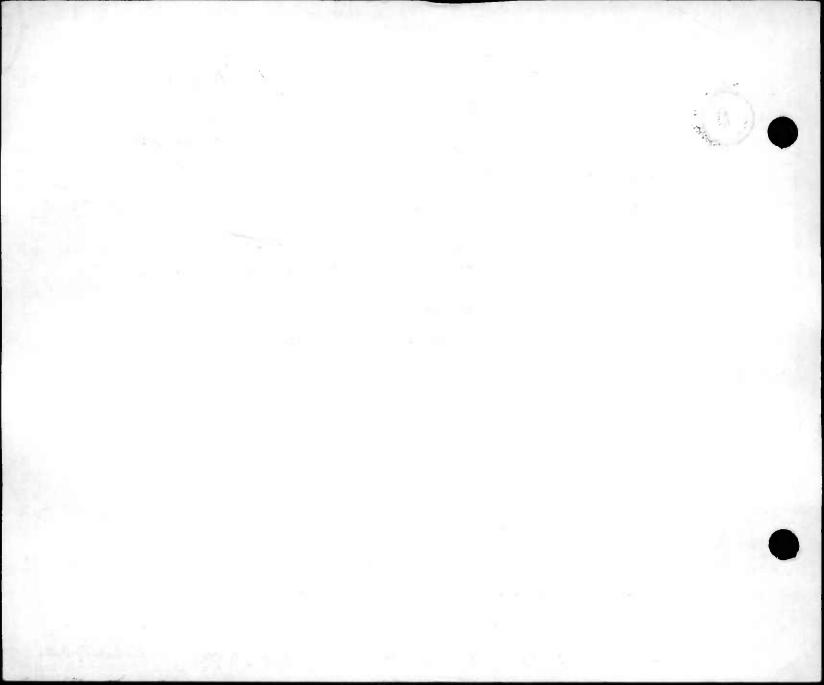
23d LOCATION
CITY OR TOWN
Baltimore

MD

24 FUNERAL DIRECTOR

1101 E. C. March F/H North Ave.

25) REGISTRAR'S SIGNATURE



## STATE OF MARYLAND

DEPARTN	CERTIFICATE OF DEATH	YGIENE•	, ~ .	
DOLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
A.	Taylor	8 3	0 84	11:45a M
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
	MONTH DAY YEAR LQL	9 65 YRS.	MONTHS DAYS	HOURS MIN.
HAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	Y OF DEATH	

76 CITIZEN OF V 70 BIRTHPLACE I STATE OR FOREIGN COUNTRY)

Louise

FIRST

MARRIED WEVER MARRIED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

DIVORCED (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

20

SARAh

12a USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY DomEstic

130 STREET ADDRESS / ZIP CODE

HAEMORRITAGE

USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136. COUNTY

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).

4. RACE Black

13c. CITY OR TOWN

13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

MIDDLE ROOM

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED BY

INTRACEREBRAL

17 INFORMANT ELEANOR V.

IN CERTIFYING CAUSES OF DEATH?

IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate couse (a), stating underlying cause

190 DATE OF OPERATION

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

CITY OR TOWN OF DEATH

14 FATHER'S NAME

3 SEX

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra PULMONARY INCILTRATES UNCERTAIN 57106064 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	211 H
21d. INJURY OCCURRED	210

L TIME OF INJURY

YES NO YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2)

200 AUTOPSY?

IOUR A.M. MONTH DAY YEAR PLACE OF INJURY 211 LOCATION CITY OF TOWN STREET

COUNTY (AT HOME, STREET, EACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220 1 certify that A (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deteosed alive or

101	SIGNATURE	Clique

DEGREE MBBS

MEDICAL ATTENDING PHYSICIAN

STAFF DIRECTOR PHYSICIAN

NO F

STATE

23c NAME OF CEMETERY OF CREMAJORY

22e ADDRESS

23a	BURIAL,	CREA	۸AT	ION,	REMO'	VAL
	(SPECIFY)	13	U	5	A	
_			_			1

24 FUNERAL DIRECTOR

1701 mdu

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

Page

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If Hem

MPORTANT:

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DIRECTOR

HOSPITAL FUNERAL urial-transit entol Hygi

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should be detached with the State Dept.

CERTIFICATION

MEDICAL

TO FUNERAL DIRECTORS should be detoched with the Stote Dept.

etoined by the horpital

BP\_\_\_\_\_ DHMH - 16 50M 4/83 (VRA 15, 4)

1	#	4.FilmG5	95 9/:	13/84	kam		E OF MARYLAND		. 6	1 3	5 3	
ı	1 -	STATE			DEP		EALTH AND MENTA ICATE OF DEATH	- 6	E L	1		
L		REGISTRAR				CERTII	ICATE OF PEATIT		REG. N			
1		CEASED NAME OR PRINT)	ROBINI ROBINI	YN	LYNN	T	AYLOR AYLOR	20	DATE OF DEATH	B 30	PA.	703 A M
J	SEX			ACE .		5. DATE C		1	AGE (IN YEARS LAST BIR	THDAY] IF U	NDER TYEAR	IF UNDER 24 HRS
)L	F	emale		-to-loite	Indi	icanmonth	J8 7	2	11	YRS 8	18	HOURS MIN.
	C	RTHPLACE (STATE OR F		CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIE	N X	BALTIMORE CITY O	R COUNTY OF	DEATH	
		Ltimore, M		I.S.A		WIDOWE	DIVORCE		Balto. C	747		MD.
7	D.	TY OR TOWN OF DEA	1	NAME OF H	H FACILITY, GIVE S	TREET ADDRESS)	OR OTHER INSTITUTIO	N 12	USUAL OCCUPATI		NDUSTRY	F BUSINESS OR
t	JSUA	AL RESIDENCE HE NURS	ING HOME OR OTH	ER INSTITUTION	GIVE MANAGEMENT I	EPONE ADMIDICING		-	Student		SCHO	71
1	3a. S		Haztore	1 Co	Church	ville	13d. INSIDE CITY LIM		STREET ADDRESS		a Rd	21008
1	4 FA	THER'S NAME	MIDD				15 MOTHER'S MAIDE	ENNAME	WIDDLE			-
X	10	John	Mich		Tay	lor	Sondr	a	Colleen	G	erber	77999
T		AS DECEASED EVER	IN U.S. ARMED		166 SOCIAVS	SECURITY NO.	17. INFORMANT		Chur	chville	Md.	21028
1	(4	no no	(IF YES, GIVE WA	IN ON DATES]	216-02	-0098	John M.Ta	ylor,	, 2621 Coo		g Rd.	
ſ		18 CAUSE OF DEAT	H (Enter only o	ne couse per	line for (o), (b	i, ond (c).)	1				BETWEEN	MATE INTERVAL
1			IMMEDIATE C		Cardio	ic air	200					
1			No.		RASA CONSI		0-1			3 750		
1		Conditions, if ony, gove rise to imr	which nediote	(b)	- Wemine	and the	packe taul	we				
1	540	couse (o), stoting underlying couse		-	RAS A CONSI		Enceph	D. n.	4.,			
1		PART 2. OTHER SIGN	JIEICANT CON	107_5	Seconda			E TERMINI	AL DISEASE OR CON	DITION GIVEN	IN PART I	
ı	Z O	TAKE 2. OTTEK SION	THEATT CON	.billons <u>cc</u>	JAN THE OTHER	TO DEATH OUT	NOT KETATED TO THE	LIEMINA	AL DISEASE ON CO.	Dinior On Err		
H	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, W		
	Ē							nan'	YES NO	YES [	]	NO [
	CE	710 ACCIDENT WAS UNI	L-mil	216. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY O	CCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
	CAL	OR CONTRIBUTING		P.		19						
1	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY	FICE, FARM ETC 1	21f LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
1	~	AT WORK NOT WE	RK									
1		220.1 certify that (I)		ottended the	-	om Occ	. 19_	84	, 10			that (I) (we) lost
	15	sow the deceos obove, (1) (we) (	did) (did not) vi			,,	nd that in (my) (our) o	pinion ded	oth occurred on the d	ote and hour on		
1		226. SIGNATURE	7/		0		DEGREE ATTEND		MEDICAL STA		22c. DAJE	SIGNED /
4		22d PHYSICIAN'S N	7100	n A	<u> </u>		PHYSIC 22e ADDRESS	IAN []	DIRECTOR PHYSIC	IAN 🔛	13	6/04
		7 11	1	NI			1.11. 6	Na	. 0. 1	0 500		
+	23a P	URIAL, CREMATION,		3b. DATE	T	73r NAME OF C	EMETERY OR CREMA	TORY	1/3d LOCATION	wspiral		
		SPECIFY)	NEWOVAL 1						CITY OR TOWN	· Harf	YINUC	Md .
1	24 FU	Burial INERAL DIRECTOR		Dept.	1,19841	MC.Z1On	Methodist	So DATE R	Bel Air	MIL DECISTOAD	'S SIGNAM	URE DO
		NAME			ADDR	on, Md. 2		SEP	4 1984	whia Davis	son-10	Morton

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ATTENDING PHYSICIAN: The low

TO HOSPITAL

etained by the hospital or attending physician

FOR

- STATE

(TYPE OR PRINT)

To. BIRTHPLACE

COUNTRY Maryland

CITY OR TOWN OF DEATH

BAITIMARS

3. SEX

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IMPORTANT: If Item 21 is

CERTIFICATION

MEDICAL

23a.

24.

offer

I. DECEASED NAME

REGISTRAR

ale

STATE OF FOREIGN

STATE OF MARYLAND

REG. NO

AGE (IN YEARS LAST BIRTHDIT

MONTH

9. BALTIMORE CITY OR COUNTY OF DEATH

HOUR ! YEAR

126 KIND OF BUSINESS OR

MD.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH

MARRIED NEVER MARRIED

DIVORCED

5. DATE OF BIRTH

WIDOWED

Francis

11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

76 CITIZEN OF WHAT COUNTRY?

USA

ALT IMORE VA	FNOT IN SUCH FACILITY, GIVE STREET ADDRESS)	SING HOME	TYPE OF WORK FOR MOST OF WORKING LIFE	Food Industry
JAL RESIDENCE (IF NURSING HOME OR OTHER ISTATE ) 135 JOHNTY	INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	N) 13d. INSIDE CITY LIMITS?	130 STREEL AMOSS 1108 Wiseburg	
ATHER'S NAME FIRST MIDDLE	LAST	15. MOTHER'S MAIDEN NA		LAST
Ohn A. WAS DECEASED EVER IN U.S. ARMED F		Hellen 17 INFORMANT	ADDRESS	Tydings
Yes, no or unknown) (IF YES, GIVE WAR C	113-12-836	Mary Lou	Cllwood, 1108 Wi	iseburg Rd.
18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:	1/200	chosmey	MISMIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAU	DUE TO, OR AS A CONSERDENCE OF	- In I	1: 12-03	
Canditions, if ony, which gave rise to immediate	(b) fart	cinson's	alorase	
cause (a), stating the underlying cause last.	OUE TO, OR AS A CONSEQUENCE OF			
PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART TIO
198. DATE OF OPERATION	96. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO D
OR CONTRIBUTING CAUSE OF DEATH	15. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 15	AR	RED (ENTER MATURE OF INJURY IN ITEM 18 P	
WHILE NOT WHILE	10 PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION	profile /	COUNTY STATE
22a.1 certify that (1) (the haspital) at	Itended thereleveased from	1/29 1.24	8/8/	19 that (I) (we) last
saw the deceased alive on above, (I) did (did nat) view  22b. SIGNATURE	the bydy offer death.	DEGREE	death occurred on the date and hou	222 DAYE SIGNED
Marrie	wig	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/10/84
VUONE NO	JUYEN, MO	6331 Bc	lair Rd Ba	alfo 21206
		iew Crematory	y Catonsville	Balto. Md.
FUNERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR 255 REGIST	PAPE SIGNATION
. E. Lowell Lemme		ia Rd.	6171984	

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

And the Paris of t Yang generate the first over the first party of the state The other lives a second of the lives of the second (v. F.) avella com on 11 W. Sacona Ed. v. V.

#### STATE OF MADYLAND

EPARTMENT	OF HEALTH	AND MENTAL	HYGIENE -
CEI	RTIFICATE	OF DEATH	

20 DATE OF DEATH 2h HOUR 6 AGE IF UNDER I YEAR (IN YEARS LAST BIRTHOAY)

HY Davis Th	toupson)
A RACE Black	5. DATE OF BIRTH
76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED
	Black  The CITIZEN OF WHAT COUNTRY?  U.S.A

9 BALTIMORE CITY OR COUNTY OF DEATH IED [ BALTIMORE CITY

126 KIND OF BUSINESS OR

LCITY OR			
BANT	CALC	0 %	
DUM	11110	-00	

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bon Secours Hospital

(TYPE OF WORK FOR MOST OF WORKING LIFE) Balto. City Ret. Teacher 3400 Ellamont Road

130	a. STATT	
	Maryland	
	11arl Tanto	
1.4	EATHER'S NIAME	_

JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AGMISSION) 13c. CITY OR TOWN

15 MOTHER'S MAIDEN NAME

13e STREET ADDRESS Baltimore, Maryland 21215

ĺ	4.	F	AT	HE	R':	S	NAM	E
							FIRST	

- STATE REGISTRAR DECEASED NAME

Davis

Anna 17 INFORMANT

Steward 3400 Ellamont Road

John In WAS DECOSED EVER IYES. NO OH IOWN No.

~ ?MED FORCES?

MIDDLE

166 SOCIAL SECURITYNO 214-40-8516

Blanche Beckham

Baltimore, Maryland 21215 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 CAUSE OF DEATH :Enter only of PART I. DEATH WAS CAUSED B	one couse per line for (a), (b), and (c).	V
IMMEDIATE C	AUSE (o)	_
	DUE TO, OR AS A CONSEQUENCE OF	ŀ
Conditions, if ony, which	(b)	1

Wester Heart FAmoure DUE TO, OR AS A CONSEQUENCE OF

couse (o), stoting the underlying couse

190 DATE OF OPERATION

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO

13b CC

DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19h CONDITION FOR WHICH OPERATION WAS PERFORMED

20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES T

210 ACCIDENT WAS UNDERLYING	7
OR CONTRIBUTING CAUSE OF DE	AT

21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M

YEAR

21d INJURY OCCURRED

21e PLACE OF INJURY AT HOME, STREET, FACTORY OFFICE-FARM ETC.)

211 LOCATION

COUNTY STATE

2 a	1	cert	fy	that (	1)	(this	hospite	ol) otte	yigd	the	deceosed	from	
	5	ow .	the	deced	se	d ol	ve on		VZ.	U	9/ 1/19	_19_	
	- 12	<b>HDCW</b>	0.11	T Twell I	114	DATE	died more	ALCOHOL: N	di Isa	ALC: U	Proper of security.	-	1

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

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200	-	90.7	121/3	my
				- 1

CERTIFICATION

MEDICAL

8

DEGREE

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

1	220 DATE SIGNED
J	0111124
]	0,,,,

230. BURIAL, CREMATION, REMOVAL

MO

22e ADDRESS

ATTENDING

R	P		

FUNERAL DIRECTOR

ild be detoc

MPORTANT

DHMH - 16 50M 1/B1 (VRA 15, 4)

8/16/1984 Burial

Lincoln Cemetery

Harrisburg,

STATE Pa.

24 Nutreer & Sons 2501 Gwynns Falls Parkway Funeral Home Inc. Baltimore, Maryland 21216 BY REGISTRAR 25% REGISTRARS SIGNATURENCE TO

cn J. cr cs it ]

Ret. Teacher Balto. City

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21 -00-55 b Sienche selfram Beltirore, Maryland 21216

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a/la/ so lin on entur Nutter 5 Jons 2001 Glynns Falls Furd sy . n r l ion In . Hittor, I ryland 21215

Herrish rc.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked or Item 18 shaws

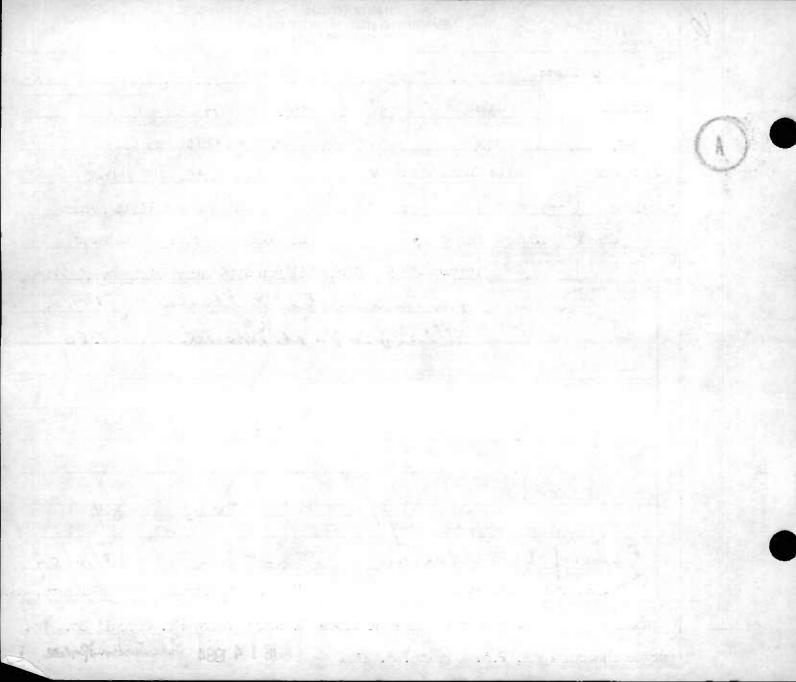
#### STATE OF MARYLAND

#### DEPARTMENT OF HEALTH AND MENTAL HYGIENE ...

6.00	200	U	03.00	
REG. NO.				

	1 -	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYGICATE OF DEATH	BENE . REG NO	1 3 3	O
		CEASED NAME FIRST	WIDDLE	i	AST	20 DATE OF DEATH MONT	TH DAY YEAR	26 HOUR
			izabeth H. Th	ompso	n	August 10.	1984	AM
	3. SEX		4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY		IF UNDER 24 HRS
-		Female	White	MONTH 8	20 1905	78	YRS DATS	HOURS MIN.
	7e. 80	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
S	5	Md.	USA	WIDOWE		Baltimo	re City	MD.
į	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR ATHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF	BUSINESS OR
Ĺ		altimore	4114 Buena Vis	ta Av	enue	Housewife	Home	
1	Ma:	ryland 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136. CITY OR TOW Baltimo	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 4114 Buena	Vista Aver	2/2// nue
7	HL FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	MIDDLE	LAST	
10	-	1 - 1 - 1 - 1	Louis Heagy		Margar	et Myrtle	Leister	c
		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)		17 INFORMANT	7.0011200		
			212-09-6		Doris Tillma	in 4116 Buena V		
		PART I. DEATH WAS CAUSE	0 5 / 0	d (c)	1. Tie	Out the	BETWEEN OF	NSET AND DEATH
		IMMEDIA	TE CAUSE (o)	CAN.	mi uc	Color of Color		
į		Conditions, if any, which	DUE TO, OR AS A COMSEQUE	NCEOF	10 1/nas	Weslase.	108	c)
	12	gave rise to immediate cause to, stating the	DUE TO, OR AS A CONSEQUE	NCE OF				
		underlying cause last.	(c)					
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 110	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200.	. IF YES, WERE FINDING CERTIFYING CAUSES O YES [7]	GS USED OF DEATH? NO
Ī	E CE	21a. ACCIDENT WAS UNDERLYING		O-1	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT		
		OR CONTRIBUTING CAUSE OF DE		AY YEAR				
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21E LOCATION			
	₹	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC	519047	CITY OR TOWN	COUNTY	STATE
			ital) attended the peceased from	//	26 1076	_, to 8-/11)		hat (I) (we) last
		sow the deceased alive or above, (1) (we) (did) (did no	ot) view the odylatter death.	4 6	d that in (my) (aur) apinion	death accurred on the date or	nd hour and from the co	ouses stated
		224 SIGNATURE	1.1.00 -		DEGREE		22c. DATES	IGNED
		Teower	Willial	ein		DIRECTOR PHYSICIAN	D 8/10	1/84
		224 THYSICIAN'S NAME TYPE C			22e ADDRESS			
			Wallenstein			. 40th Street	Balti	imore, Md
		urial, cremation, removal specify burial			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
		SUTIAL  INERAL DIRECTOR	8 - 13 - 84   Ple	easant	Grove Cemete	ery Sandy Mt.	Carroll Co	
		NAME	ADDRESS	Mal	1 1110		EGISTBAR'S SIGNATU	RE
	Du.	rgee Funeral Ho	me, r.A. Balto	.Md.	ZIZII	1904		· lower

DHMH - 16 50M 1/B1 (VRA 15, 4)



requires that the

OR ATTENDING PHYSICIAN: The

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FOR STATE

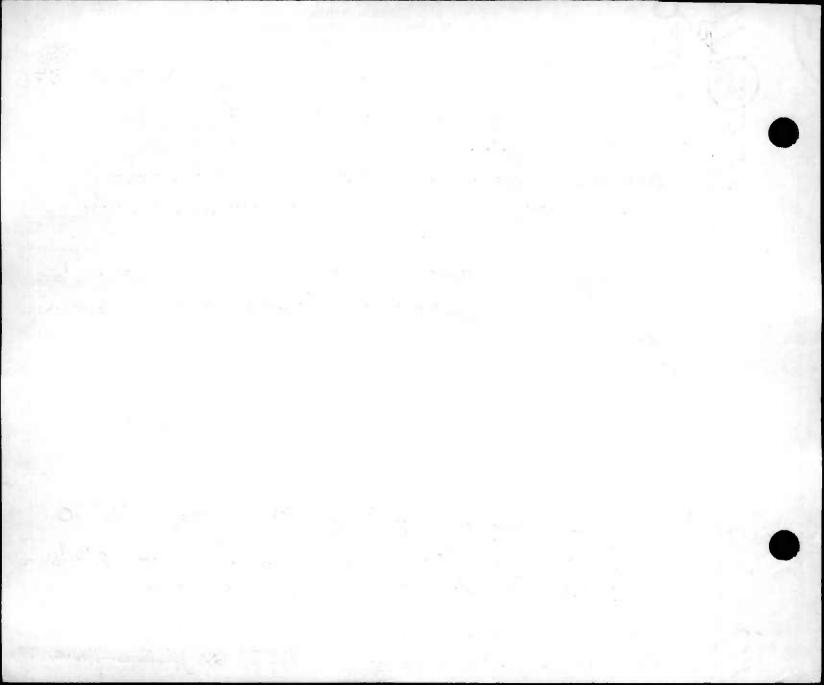
STATE OF MARILAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	Co
CERTIFICATE OF DEATH	

	REGISTRAR			CERTIFIC	CAILOIL	LAIN	REG. I	10.			
	DECEASED NAME FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH	DAY	YE AR	2h HOUR
1	Elisabeti	'n	s.	7	trom	pson		8	30	84	3 PM
3. 5	SEX	4 RACE		5 DATE O		YEAR	6 AGE (IN YEARS LAST B	RTHDAY)	MONTHS.	RIYEAR	IF UNDER 24 HRS
1	Female	White		Dec		1920	63	YRS		DAIS	MIN.
70.	BIRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER /	MARRIED [	9 BALTIMORE CITY	OR COUN	TY OF DE	ATH	
/	Maryland	U.S.	A.	WIDOWE	4.7	VORCED [	Baltimor	e Cit	y		WD
10.	CITY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INS	TITUTION	120 USUAL OCCUPA			KIND O	F BUSINESS OR
L	Baltimore	Good	Samaritan	Hosp	ital		Church Se	c. &	Orgai	nist	
13 13	UAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRESS	/ ZIP CO	DE		
		ltimore			YES 🗌	NO 🔀	1736 West	on Av	re. 2.	1234	
17	FATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'	S MAIDEN NAA	ME			LAST	
Ł	John	W.	Schneid								
1,64	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	166 SOCIAL SECUI	RITY NO.	17 INFORMA		ADDI	RESS			
L	no		212-07-4	518	Willi	am A. I	hompson s	ame a			
	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per	line for (a), (b), and	(c).)	- 12	2	-0 1	40.	8	A	MATE INTERVAL DISET AND DEATH
ı		TE CAUSE (o)	Me	ta St	RIC	Dre	ast can	صح		61	non.
		DUE TO, O	R AS A CONSEQUE	NCE OF							
	Conditions, if ony, which gove rise to immediate	(b)									
1	couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF							
L		( (c)_									
Z	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>Co</u>	DATRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	ADITION C	SIVEN IN F	'ART 110	1
CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20e AUTOPSY?	20h. IF Y	res. Were	FINDIN	IGS USED
1	DATE OF OFERNALO.	170 00110					YES TO NOT	IN CER			OF DEATH?
1 5	210. ACCIDENT WAS UNDERLYING	] 216. TIME O	F INJURY		21c HOW IN	IJURY OCCURE	RED (ENTER NATURE OF IN.			PART 2)	140
		ATH HOUR A.									
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P. 21e PLACE		19	211 LOCATIO						
¥	MUITE NOI WHITE	(AT HOME, STI	REET, FACTORY, OFFICE, FA	ARM ETC )	STREET		CITY OR I	OWN	COL	UNTY	STATE
Г	22a 1 certify that (I) (this hosp	ital) attended th	e deceased from	7	tal.	10 81	to Are	30	19.54	4	tho (II) (we) lost
l	sow the deceased alive or	aus	30 1 19_	no. 128	d that in (my)	(our) opinion (	deoth occurred on the	dare and h	our and fr	•	
L	obove, (1) (vge) (did ) did no	of i view the body	otter death.		DEGREE				22	c DATE	SIGNED
	Charle	1 May	KNOT	U	wy	ATTENDING PHYSICIAN	MEDICAL ST.	AFF		8	30/84
1	224 PHYSICIAN'S NAME (TYPE	OR Hayers 5	7		22e. ADDRES	1.48	^ ~	21 (			
L	Charles	Hedde	sett N	3	560	01 600	ih Kaven	RING	¥ .		
23	BURIAL, CREMATION, REMOVAL	73b. DATE	23c. N	IAME OF C	EMETERY OR		23d LOCATION				
	(SPECHY) Burial	Sept.	A RA E	lolu F	Redeeme	r	Baltimor	e. Ma	count arula		STATE
24	FUNERAL DIRECTOR	- Lange to a					E REC'D. BY REGISTRA			SIGNATI	
1	Leonard J. Ruck	, Inc. 5	305 Harfo	rd_Pa	7	AUG	3 1 1984	- int	Davidson	~- R	ndell
								7			

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical though the best of the buriok-fronts permit. Then please remove carban paper with the State Dept. of Heolth and Mental Hygiens print to buriol, cremation, or removal.

MPORTANT: If Hem 21 is morked or Hem 18 shaws any njury, or other tra



FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 44 CEPTIFICATE OF DEATH

DE	0	N	0
L/C	v.	1.4	~

1		REGISTRAR			CERTI	ICAIL OI	PERIN	REG.	NO.		
)		00.00	IRST	MIDDLE		AST	- surrou	20. DATE OF DEATH		DAY YEAR	26 HOUR
16			Robert	н.	THO.	MPSON		August			9:50A M
	3. SE	Κ	4 RACE		5. DATE C		YEAR	6 AGE TIN YEARS LAST	BIRTHDAY	MONTHS DAYS	HOURS MIN.
		Male		ack	3	1	20	64	YRS.		
20		RTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF	WHAT COUNTRY	? MARRIE	NEVER	MARRIED -	9 BALTIMORE CITY			
0		ryland		HOSPITAL, NURS	WIDOWE		NORCED	Baltin 120 USUAL OCCUPA	ore Ci		MD OF BUSINESS OR
48	10. CI	Baltimore	(IF NOT IN SU	ryland Ge	ET ADDRESS)			(TYPE OF WORK FOR MOS			OF BUSINESS OK
35	13a S	AL RESIDENCE (IF NURSING TATE 136	HOME OR OTHER INSTITUTION	13c. CITY OR TO	WN	13d. INSIDE (	NO []	13e STREET ADDRES	s/zipcobi	ne 21	217
2,,,		THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER	S MAIDEN NAM	E MIDDLE	MD EG	ł A	ST
w	16- 16	Robert VAS DECEASED EVER IN	H.	Thomps TIME SOCIAL SEC	son, Sr	LT. INFORM	therin		PRESS	Boxl	ey
edic		YES, NO OR UNKNOWN) (1	IF YES, GIVE WAR OR DATES								
E		YES				Laur	a J. T	hompson	813 B	rooks	Lane
÷		18 CAUSE OF DEATH (E PART I, DEATH WAS	Enter only one couse pe	er line for (o), (b), o	nd Ici.					BETWEEN	ONSET AND DEATH
e ^ e		IM	CAUSED BY: MEDIATE CAUSE (0)	Metastat.	ic Ade	necarc.	inoma oi	the lung			
ofic			DUE TO C	OR AS A CONSEO	UENCE OF						
Ě		Conditions, if ony, w									
10		gove rise to immed	liate								
the.			the DUE TO, C	DR AS A CONSEO	UENCE OF						
or other			(c)_				=				
4	z	PART 2 OTHER SIGNIFI	ICANT CONDITIONS C	CONTRIBUTING TO	DEATH BUT	NOT RELATE	TO THE TERMI	NAL DISEASE OR CO	NDITION GIV	VEN IN PART 1	lo,
E /	CERTIFICATION										
Lo J	CA	19a DATE OF OPERATION	N 196 CONE	DITION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?		S, WERE FIND! FYING CAUSE:	
N	E .			Combined to				YES NO	YE	S 🗌	NO 🗌
S A	Ü	21a. ACCIDENT WAS UNGERL		OF INJURY	DAY VEAD	21c HOW II	JURY OCCURRE	D (ENTER NATURE OF I	JURY IN ITEM 10	PART I OR PART 2)	
E	¥	OR CONTRIBUTING CAUS	SE OF DEATH	P.M.	19						
- I	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATI				COUNTY	STATE
P	X	WHILE NOT WHILE	[AT HOME S	TREET, FACTORY, OFFICE	, FARM ETC )	STREE	T	CITY OF	IOWN	COONIT	SIAIE
morked		22a. I certify that sty (th		he deserved from	Augus	£ 20	10 84	Augus	t 22	10 84	that Xi (we) last
<u> </u>		sow the deceased of	alive on Augus	t 22	84	ad that in 1660	(our) opinion d	eoth accurred on the		17	
8		obave, <b>X</b> i (we) (did)	(did No view the bod				, (cc.) opinion a	com accorred on me	doic did not	_	
MPORTANT: If Hem 21		226. SIGNATURE	Toan	ah mo		DEGREE	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN <b>X</b>		22/84
Z	1	22d. PHYSICIAN'S NAME	E (TYPE OR P. HIT)		WILE TO	22e ADDRE	55		W1		
APOR /		Jyotin	Parikh, M.	D.	148	c/	o Maryla	and Genera	1 Hosp	ital	
≦	23a. B	BURIAL, CREMATION, REA			NAME OF C	EMETERY OR	CREMATORY	23d LOCATION			
		BURIAL	8/2	7/0/		- m Ti	TT7	Owings	M-1 7 7	COUNTY	Md <sup>ATE</sup>

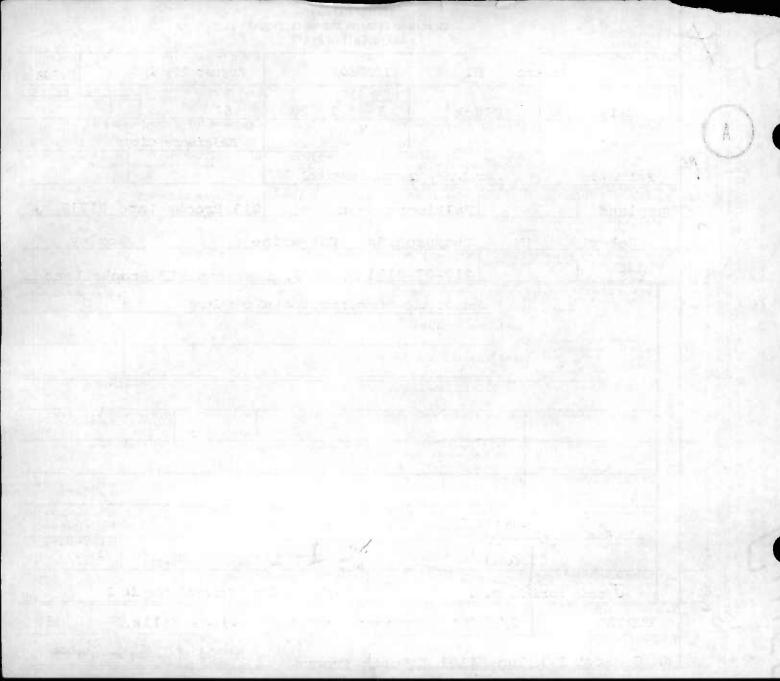
DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and cemplitists should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 th with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

ADDRES5 C March F/H Inc. 1101 F

250 DATE REC'D. BY REGISTRARYS B. REGISTRAR'S SIGNATURE
AUG 2 3 1984 Alia Davidson-Randale



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbonoopers. Pages I and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical exa

niner must be notified at or

ST	ATE	OF	MARYLAND

DEPARTMENT OF HEALTH AND MENT AL HYDICHES

2	ĺ	3	5	9	
REG. NO.					

	1-	STATE REGISTRAR		DEPARTM		ICATE OF DEATH	HLDIENE	REG. N	10.		
Ì		CEASED NAME FIRST	,	MIDDLE	ı	AST	20. D	ATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
١		OR PRINT)  THOM		ICK	TIG				st 7		2:33A M
1	3 SE)		4. RACE		5 DATE C			E (IN YEARS LAST BI	RTHDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Į		Male	White			pt. 30, 1909		74	YRS.		
9	7e. BIF	RTHPLACE ISTATE OR FORFIGN COUNTRYL MAXYXXXX N.Y.	U.S.A	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED		TIMORECITY O			MD
3	10 CI	TY OR TOWN OF DEATH	I IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A Land Gene	G HOME C	OR OTHER INSTITUTION	120 U	SUAL OCCUPAT None Most	ION	12h KIND C	OF BUSINESS OR
5	13a. S M	ALRESIDENCE IF NURSING HOME OF STATE 13b. COU!		Baltimor	N	134. INSIDE CITY LIMITS YES X NO	(	REET ADDRESS			1202
d		THER'S NAME Michael	MIDDLE	Tighe		Mary Mary	INAME	MIDDLE		Kerrî	gan
1	16e W	VAS DECEASED EVER IN U.S. AF		16b SOCIAL SECU	RITY NO.	17 INFORMANT		ADDR			
1	No	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	216-05-41	167	Mrs. Joseph	h Toni	coe 5628	Wood	mont Av	e. 21239
	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OI	ONTRIBUTING TO D	Sion NCE OF Gast DEATH BUT	rointestina.	ERMINAL D			IVEN IN PART 1:	
1	TIFIC							NO	IN CERT	IFYING CAUSES	
1	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE US EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.  P.  21e PLACE	M. MONTH DA M.	19	21f LOCATION STREET	CURRED (F	NTER NATURE OF INJ		PART 1 OF PART 2)	STATE
	2	AT WORK NOT WHILE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	act, the total, of the c, th	ann, ere j						
		220 I certify that 11) (this hasp saw the deceased alive ar above, 41) (we) [did) 10 11 11	August	e deceased from	Augu 4o	St 7 , 19.84 nd that in ( <b>X</b> ) (our) apin					that XI) (we) last causes stated
		22b. SIGNATURE	Satta	ghmi:		DEGREE ATTENDING PHYSICIAI		DICAL STA			SIGNED -
		274 PHYSICIAN'S NAME (TYPE OF		D.	31,6	22e ADDRESS C/O Mary.	land (	General	Hospi	tal	
	Bi	BURIAL, CREMATION, REMOVAL ISPECTY) ITIAL	23b. DATE 8-10-			emetery or cremato thedral	В	COCATION CITY OF TOWN		COUNTY	Md.
	24 FL	JNERAL DIRECTOR		- ADDRESS				D. BY REGISTRA		t- 1	_
	Mi	itchell-Wiedefe	1d Home		k Roa	d 21212 A	UG 1	3 1984	200	avidson-1	andell

DHMH - 16 50M 4/83 (VRA 15, 4)

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(FI 17)

505 0

that the death certificate be

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

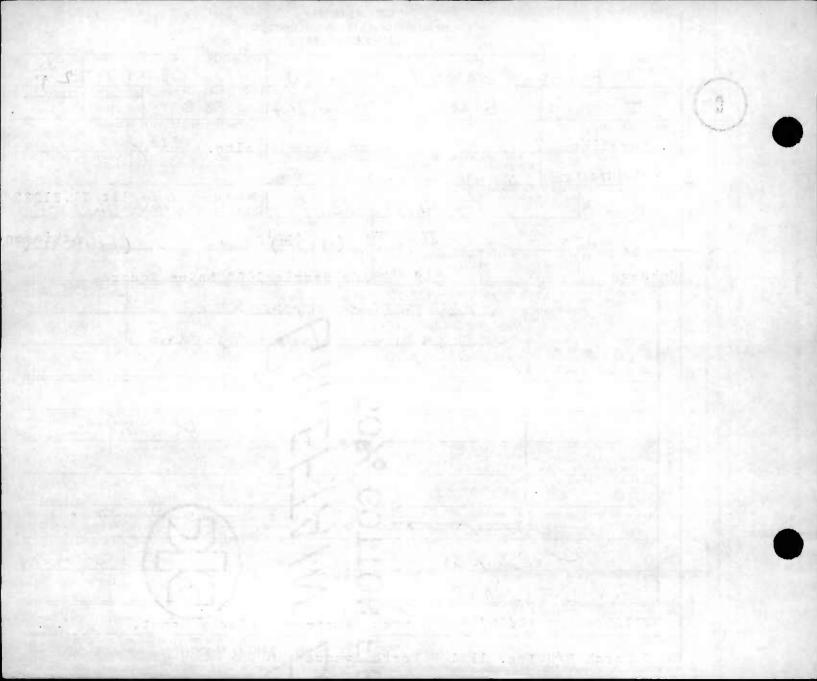
MPORTANT: If Nem 21 is marked or them 18 shows any injury, ar other traumatic event, the medical examples to the second second and the second 
death. Page 4 may be

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 64

- STATE REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.		
DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT) MA3	EL BARRETT T	TILLMAN	08	48 hz	12 PM
SEX		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRI	ED [] NEVER MARRIED []	9 BALTIMORE CITY OR COL	JNTY OF DEATH	
V. Carolina	WIDOW		Balto.	12h KIND C	MD. OF BUSINESS OR
BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	one Gener	(TYPE OF WORK FOR MOST OF WORK		, boom 1200 OK
MARYLAND 136. COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION, UNITY 135 CITY OR TOWN	YES NO NO	13. STREET ADDRESS / ZIP		F1, 2122
FATHER'S NAME FIRST  TAMES	MIDDIE SARRET	15 MOTHER'S MAIDEN NA	Le   MIDDLE	(H)	Atking
MAS DECEASED EVER IN U.S. A  (YES, NO OR UNKNOWN)  JNKNOWN	ARMED FORCES? 166 SOCIAL SECURITY NO.  SIVE WAR OR DATES! 242/0382	Ada Harris	3008 LaRue	Square	
PART I. DEATH WAS CAUS	only one cause per line for (a), (b), and (c).) SED BY. ATE CAUSE (a)	271 91.	t-	BETWEEN	MATE INTERVAL ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF  IC)  T CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	V GIVEN IN PART TI	o
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED		IF YES, WERE FINDINGERTIFYING CAUSES	
	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTERNATURE OF INJURY IN ITE	M IS PART I OR PART 2)	
OR CONTRIBUTING CAUSE OF E	216 PEACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
sow the deceased plive of	spital) attended the deceased from 000 No. 19 No. 1	and that in (my) (our) opinion	death accurred on the date on		that (I) (we) last couses stated
22b. SIGNATURE	Wel Rio	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN [	DATE DATE	SIGNED / SY
22d PHYSICIAN'S NAME (TYPE	OPPRINT)	22e ADDRESS		1	
BURIAL STEMATION, REMOVA		Cemetery or Crematory	Rocky Mou	nt, COUNTY	N.C.
m C March F/H	I Inc. 1101 E North		E REC'D. BY REGISTRAR 256 RI	EGISTRAR'S SIGNAT	- Pandale

DHMH - 16 50M 4/83 (VRA 15, 4)



### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. N	0	
DECEASED NAME	MIDDLE	LAST	DATE OF DEATH	MONTH DAY YEAR	21 HOUR
John	YKYAY	TOLLE	30 aux	81	2200
SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BA	THOAY) IF UNDER I YEAR	
MALE	WHITE	SEPT. 29, 1917	66	YRS. DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY	R COUNTY OF DEATH	
MARYLAND	U.S.A.	WIDOWED DIVORCED		E CITY	M
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATI		OF BUSINESS OF
BALTIMORE	FRANKLIN SO	COIT KEY MED. CENTE			IME SERV
SUAL RESIDENCE (IF NURSING HOME O	DROTHER INSTITUTION GIVE RESIDENCE BEF		13e. STREET ADDRESS		
	ALTO. DUNDAI			ERTS AVENUE	21222
FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N			
FELIX	TOLODZIECI	KI MARY	MIDDLE	PER	Z
(YES NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRE	SS	
NO	213.07	.0301 GRACE MARY	TOLLE (WIFE)	(SAME AS 1	3e)
PART I. DEATH WAS CAUS	inly one couse per the for ipi, (b),	ond (c)	0 +	APPRO BETWEEN	XIMATE INTERVAL
	TE CAUSE (a) Houte	myocarded &	nterclean	3	mine
	DUE TO, OR AS ACONSEC	DUENCE OF .	1		4
Conditions, if ony, which	( 1b) thete	no sclercle to	ul Diseas	e 5	442
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF			
underlying couse lost	(c)			M. H. TS	
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART I	lo:
1% DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20e AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE	
1% DATE OF OPERATION  21s. ACCIDENT WAS UNDERLYING.			YES NOW	YES 🗀	NO [
OR CONTRIBUTING C CAUSE OF DR	THE TIME OF INJURY HOUR A.M. MONTH	DAY YEAR THE HOW INJURY OCCU	PRED   ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2}	
FEELING MODE HEDER EXAMINE	P.M.	19			
DR CONTRIBUTING   CAUSE OF ER UF ETHER NOUTH MEDICAL DAMME 214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, 11888), FACTORS (DIFFIC	THE LOCATION	CITY OR TO	wn COUNTY	STATE
AT WORK A MOT WHILE A	2.				
Ib Certify that [1] (they loss	and attributed his decreased from		.30 Cm	1984	that (1) (we) las
saw, the deceased alive a above, (f) (we) (sid) (diame	ot new should ofte seath:	and that in (my) (our) apinio	n death occurred on the do	ate and hour and from the	couses stated
DE SIGNATURE	111/1/00	DEGREE		4	SIGNED
1/100	Vongo Ma	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	1AN 1 3/ F	70684
THE PHYSICIAN SHAME TIPE	UR PRINT)	21 ADDRESS			> 24
COSTAV O	C-10165 m	D 4940 6A	STERN AU	V	er mi
BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY			
CREMATION	9/1/1984	FREEN MOUNT CREMATO	RY BALTIMO	RE COUNTY MAI	RYLAND
FUNERAL DIRECTOR		250 D	P 4 1984		
ALTER BROOKS BRA	ADLEY INC., DUNI	DALK, MD. 21222 SE	P 4 1984	who Davidson-M	anjaran

WALTER BROOKS BRADLEY INC., DUNDALK, MD. 21222

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

should be detached for use as the burial-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

With the State Copyright of them 18 shows any IMPORTANT: If them 21 is marked at Item 18 shows any

sing and it is well it HS - WAS SEA CHEEDER HANDER BUR 4 - 1884 JULIANIA ALPEAN

6+1		FOR STATE REGISTRAR GEORGE		SR.	CERTIFI	OF MARYLAN EALTH AND MI CATE OF DE	ENTAL HYG	REG. NO	_	6	2
eoth eoth		CEASED NAME FIRST GEO.	rge u	1	To	PPER.	SR.	20 DATE OF DEATH	8	1 84	1210 M
after d	3. SE)	Mule	WHITE		5. DATE O	F BIRTH	YEAR A	6 AGE (IN YEARS LAST BIRT		MUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN
AST		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHA	1	MARRIED WIDOWEI	NEVER MA	ARRIED	Baltimorpcity of			MD
3//	5	or TOWN OF DEATH	Wiri. 0	CILITY, GIVE STREET AS	DORESS)	A fort	UTION	126 USUAL OCCUPATK (TYPE OF WARDSTOP	WORKING LIF	E) INDUSTRY	F BUSINESS OR
filled in	USUA 130. S	TATE  A  A  A  A  A	A •	RESIDENCE BEFORE A CITY OR TOWN Brookl	yn	13d. INSIDE CITY		130. STREET ADDRESS /	ZIP CODE	e Ave.	2122
ond 2 sh	14. FA	THER'S NAME GEORGE	MIDDLE	Tomen	2	15 MOTHER'S	MARSA	AMDDIE		rabel'î	ng
Pages 1		VAS DECEASED EVER IN U.S. VES, NO OR UNKNOWN) (IFYES (	IVE WAR OR DATEST	SCA SECUR 219-10-4	Mark The Land	Ann T		same as		e	
ed by the attending physici please remave corbonpaper rial, crematian, or remaval. or other traumatic event, th		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS	ACONSEQUENCES A CONSEQUEN	NCE OF	Amhaco	nonna	y byposs &	enfts	2	MATE INTERVAL JUNSEL AND DEATH
After this certificate has been signing as the burial-transit permit. Then point and Mental Hyguese prior to burianked or them 18 shows ony injury.	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN'  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF ETHER. NOTIFY MEDICAL EXAMIT 21d. INJURY OCCURRED  WHILE ALL WORK ALL WORK ALL WORK  22a. Legatify that (Within box	21b. TIME OF IN HOUR A.M.  21c. PLACE OF II (AT HOME STREET, I	N FOR WHICH C	ARLE YEAR	WAS PERSON	Sense JRY OCCURR	200 AUTOPSY?  YES NO S  ED (ENTER NATURE OF INJUR  CITY OR TOV	20b. IF YES IN CERTIF YE	S, WERE FINDING CAUSES S ART LORPART 2) COUNTY	IGS USED OF DEATH? NO STATE
TO FUNERAL DIRECTOR: should be detected for use with the State Dept of Heo IMPORTANT: if hem 21 is not	23a F	1220 I certify that (If (this has sow the ceosed of the cooked of the co	not priew the body ofte	er death.	JUD .	DEGREE	TENDING E	MEDICAL STAF DIRECTOR PHYSIC	F		

DHMH - 16 50M 4/83 (VRA 15, 4)

George J. Gonce, 4001 Ritchie Hg., Baltimore, Md.

3 1984

Towson, Balto.Co. Maryland
Too. Date REC'D. By REGISTRAR'S SIGNATURE

AllG: 3, 1984

Ce - 1935 se come no 13 e - 1 BOOK TO A STREET THE STREET

in 72 hours ofter death

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

21063

		REGISTRAR		CENTIL	ICAIL OI DEATH	REG. N	0.			
		CEASED NAME FIRST	MIDDLE	L.	AST	20. DATE OF DEATH		YEAR	2b. HOU	JR
	( I YPE	GUY	Т. ТС	DRTORIC	I		8 6	84	9:49	5 PM
1	3. SEX	(	4 RACE	5. DATE C		& AGE (IN YEARS EAST BE		UNDER TYEAR	IF UNDER	
L		Male	White	Mar	1- 1-1-	66	YRS.	NTHS DAYS	HOUR5	MIN.
2		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	LIA IZDVO B	NEVER MARRIED	9. BALTIMORE CITY C		FDEATH		
2.	C	LA	USA	WIDOWE		Baltimo	ore Cit	tv		MD.
1	10. C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME C		120 USUAL OCCUPATI	ION	12b. KIND C	F BUSINE	
4		Baltimore		emorial	Hospital	Self-Empl			sonr	<b>'</b> \
1	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION)				10100	00111	<u> </u>
2		MD 136. COUR		altimore	YES X NO	3036 Abe		enue.	212	18
50		THER'S NAME			15. MOTHER'S MAIDEN NA	ME		, ,		-
IJ		Peter	MIDDEE	rtorici	Catherin	e	N	Montili	ione	
-	Ióa V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOC	IAL SECURITY NO.	17 INFORMANT	ADDRI			.0110	
	(1	YES, NO OR UNKNOWN) (IF YES, GI	W II 053	10 6439	Mrs. There	esa M. To	rtorici		Same	2
		18. CAUSE OF DEATH (Enter or			11.0	30a W. TO			MATE INTER	
		PART I. DEATH WAS CAUSE	D BV		rost			BETWEEN	JNSET AND	DESTR
	119	IMMEDIATE CAUSE (0) Respiratory arrest								
		DUE TO, OR AS A CONSEQUENCE OF.  Conditions, if any, which ( ) DIELLINOTHIA.							2 days	
		gave rise to immediate							-	
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CO	ONSEQUENCE OF						
	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	MNAL DISEASE OR CON	DITION GIVEN	IN PART 1	Q.	
	Z	Amytropic								
1	AT.	198 DATE OF OPERATION	196 CONDITION FOR		N WAS PERFORMED	20a AUTOPSY?	206 IF YES, V			
7	CERTIFICATION					YES NOW	IN CERTIFYII		OF DEAT	
7	E E	218. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)		
1		OR CONTRIBUTING CAUSE OF DE		NTH DAY YEAR						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJUR	Υ	211. LOCATION	CITY OR 10		COUNTY		STATE
	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	RY, OFFICE, FARM, ETC.)	STREET	CITY ON IC	IWN	COUNTY	A.R.	STATE
		22a.1 certify that (I) (this hasp	ital) attended the decease	ed from 8 -	19 84	10 8 -6		84	that (1) 6	wellost
		sow the deceased alive an	8-6	19.84 or	nd that in (my) opinion	deoth occurred on the d	ate and hour o	nd from the	causes ste	oted
		obove, (I) (ve) (did) did no 22b. SIGNATURE	ot) view the body after dea		DEGREE			226 DATE	SIGNED	
		Maria Dela	ado SIT		ATTENDING PHYSICIAN F	MEDICAL STA	FF TAN D	8-6	-84	
1		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS					
1		Maria Delgado			Union Man	oonial Has	oital [	70140	Α.	40
-	23a P	BURIAL, CREMATION, REMOVAL		1231 NAME OF C	EMETERY OR CREMATORY	norial Hos	Judi, r	Dallo.	11/	<u> 10</u>
	(	(SPECIFY) Burial	8/10/84		edeemer	Balto.		COUNTY	MD S	STATE
	24. FU		10/10/04	O COST	250. DAT	IE REC'D. BY REGISTRAR				
	1	UNERAL DIRECTOR Henry	vv. Jenkin	Son Sons	040. A	UG 7 1984		Tavidson	Rand	100
	45	905 York Road	Balto., A	VID 21	212 1 "	1 1304	1	- father	-	-

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physical should be detached for use as the busical-transit parmit. Then please remove costion pages—the base Dept. of Health and Memol Physere prior to busiol, cremation, as removal.

injury, or other fraumatic event.

WPORTANT, If them 21 is marked or them 18 shares

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18, 19190 35 0917, 61	- White War.	=1 PAI
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x 6085 Abell Manual 21218	ecomitis	
Ostinerine Martiliane	Tortorici	Petter
Wre. Theresa M. Torconici, San's	3745 01 980 11 V	W Ee'r
400	to and highlight	
	inspection	
	Control Wiston	aligner paties
. off = 1.		
	8/10/84 Holy Re	
12	V. Jankins Williams 19	Vanieli Sea Right Bush

# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page TO FUNERAL DIRECTOR. After this certificate hos been signed by the attending physicion and compile should be detached for use as the buriol-transit permit. Then please remove carbonapopers, Pages, and with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. WPORTANT If hem 21 is marked or tem 18 shows any injury, ar other traumotic event, the medical results. retained by the hospital or attending physician.

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

DEPART

STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGIENE	2	0 64
CERTIFICATE OF DEATH	REG. NO	•

h	FOR STATE REGISTRAR		T OF HEALTH AND MENTAL HY	GIENE REG. NO	0/
	DECEASED NAME FIRST TYPE OR PRINT!  Elise	MIDDLE	Tracy	20 DATE OF DEATH MONTH	27 84 4 15 M
	SEX F	4. RACE	DATE OF BIRTY  MONTH DAY YEAR  9 9 02	6 AGE (IN YEARS LAST BIRTHDAY)	
1	VICAINIA	USA W	AARRIED   NEVER MARRIED	BALTIMORE CITY OR COUR	E CITY MD.
	Baltimore Md.	11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDRI CATON MANOR.	NURSING CTR	170 USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
13	Maryland Mowa	OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADM 13c. CITY OR TOWN Ellicott C	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 9213 Victoria	
Ι.	FATHER'S NAME FIRST	Powers	15. MOTHER'S MAIDEN NA	AME	LAST
160	WAS DECEASED EVER IN U.S. AR.  (YES, NO OR UNKNOWN)  (IF YES, GM	MED FORCES? 166 SOCIAL SECURITY 214 01 620		ADDRESS	ria Dr Ellicott C
	18 CAUSE OF DEATH (Enter onl) PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE  (b)  DUE TO, OR AS A CONSEQUENCE  (c)  CONDITIONS CONTRIBUTING TO DEAL	E OF	minal disease or condition	GIVEN IN PART 1:0
CEPTIEICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
1	00 000 000 000 000 0000			RRED (ENTER NATURE OF INJURY IN ITEM	IS PART ( OR PART 2)
MEDICAL	714 INJURY OCCURRED  WHITE NOT WHITE AT WORK	?1e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM		CITY OR TOWN	COUNTY STATE
	27e I certify that (I) (this hospit saw the deceased along above, (I) (we) (did that had 27b SIGNATURE	tol) ottended the decrosed from	DEGREE ATTENDING	to S-27- R death accurred on the date and	that (I) (we) last hour and from the couses stated
	Dr. L.A. K	chman		benge Cucl	21208
23	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NE OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Baltimore M	laryland STATE
24 H	FUNERAL DIRECTOR  arry H Witzke 41	12 Columbia ResEll		TE REC'D. BY REGISTRAR 251 REC	SISTRAR'S SIGNATURE

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to descript of the Ville of the district of the contract of th

0.00

requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

completely filled in by the

IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or other traumatic event, the medical exc

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and costhold be detached for use as the burial-transit permit. Then please remove carbon popers. Paged with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician, FOR STATE PEGIS

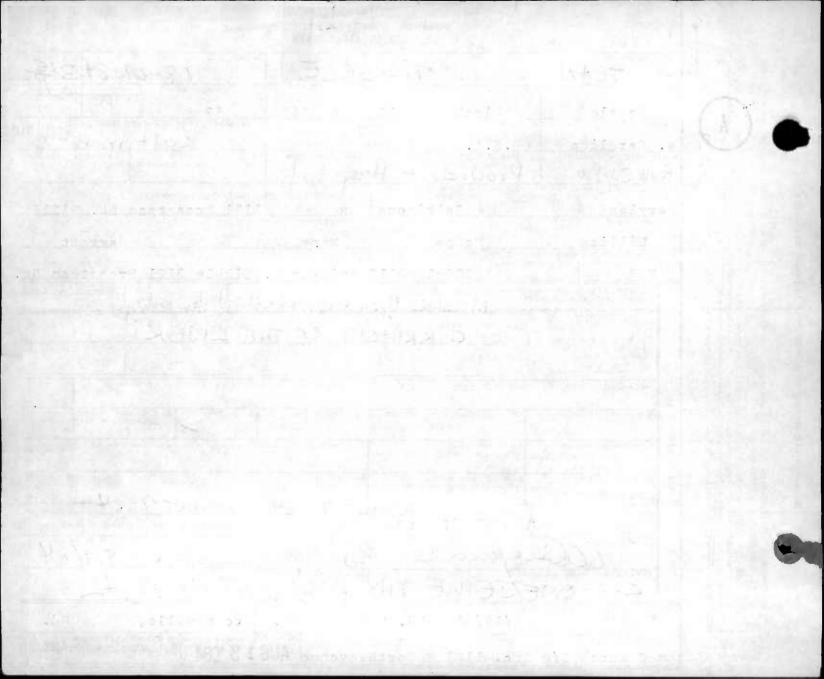
#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - 3

CERTIFICATE OF DEATH

REG. NO.					
ATE	OF DEATH	MONTH	DAY		

- 1		REGISTRAR					REG. NO.		
		CEASED NAME FIRST	WIDDLE	RI	RRI	E	20 DATE OF DEATH MONTH	O-84 215	5
1	3. SEX	20470	4. RACE	5. DATE O			6. AGE (IN YEARS LAST BIRTHDAY)		D M
И		female	black	MONTH	DAY 4	2 6	5.7 YRS	MONTHS DATS HOURS	MIN.
Ш		RIMPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8			9. BALTIMORE CITY OR COUNTY	OF DEATH	4410
7	S.		U.S.A.	WIDOWE		VORCED	Balt	-imore Cit	MD.
9	B	att. Ctat16	11. NAME OF HOSPITAL, NURSII		OSO,	TUTION	170, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS INDUSTRY	S*OR
K	USUA 13a. S	TATE I 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		134 INSIDE C	ITY LIMITS?	13e STREET ADDRESS / ZIP CODE		
4		ryland	Balti	more	YES 😿	NO []	3121 Presstma	n St. 2121	6_
-	14. FA	THER'S NAME FIRST	MIDDLE LAST			FIRST	MIDDLE MIDDLE	LAST	
6		William	McBee		Ma			Garrett	
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT	URITY NO.	17 INFORMA	NT	ADDRESS		
1		YES	229-28	-8212	Evin	ger G.	Tibble 3121	Presstman	St.
		PART I. DEATH WAS CAUSE	E CAUSE (o) MASSING	- Upp	er Gal	troindes	Anal Hemoreh	APPROXIMATE INTERVA BETWEEN ONSET AND DE	ATH
		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEOU	RHOS	SIS	of th	HE LIVER		
	NO	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CONDITION GIV	'EN IN PART 110'	
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	N WAS PERFO	RMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH S NO	?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c HOW IN	JURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18 I	'ART   OR PART 2}	
1	CA	(IF EITHER NOTIFY MEDICAL EXAMINER	n P.M.	19					
	MEDICAL	21d. INJURY OCCURRED  WHILE ON WHILE OF AL WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	ON	CITY OR TOWN	COUNTY STA	TE
F		226.1 certify that (I) (this hospi	tol) attended the deceased from	AUG	517	10 54	10 AUGUST 9	19 1, that (I) (we	e) lost
		saw the deceased alive on	AUGUST 9 19	84,00	d that in (my)	(our) opinion de	eath accurred on the date and hou		
		226. SIGNATURE	epeme	- /		ATTENDING PHYSICIAN []	MEDICAL STAFF DIRECTOR PHYSICIAN	8/9/84	
1		22d. PHYSICIAN'S NAME (TYPE O	FREME	MR	22e ADDRES	SAHAF	AIT HOSPI	TAL	
-	73n B	URIAL, CREMATION, REMOVAL	123b. DATE 123c.	NAME OF C	EMETERY OR	REMATORY	123d LOCATION		
	- 1	BURIAL			teran	Cem.	Crownsville,	COUNTY Md.	it.
		INERAL DIRECTOR C March F/H	Inc. 1101 E	North	Aven	ue AUG	REC'D. BY REGISTRAR 29 BEGIST	MAR'S SIGNATURE DAVIDSON—/ANDOR	

DHMH - 16 50M 4/83 (VRA 15, 4)



#### STATE OF MARYLAND FOR

Raymond C. Fink Glen Burnie, Md.

- STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

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		REGISTRAR		3		CLKIII	ICAIL OF DE	AIG	RE	G. NO.				
		EASED NAME	FIRST	٨	AIDDLE	ı	AST		20 DATE OF DEA	тн монтн	DAY	YEAR	26 HO	UR
T,	TYPE	OR PRINT)	vence		C	-				8	71	VX	1	ROM
3.	SEX	Ciu	14	RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNI	DER TYEAR	IF UNDE	ER 24 HRS
		MaLe		- 1	hite	MONTE	DAY C	YEAR 23	Cel	YR	MONTH	DAYS	HOURS	MIN.
70		OUNTRY	OREIGN 76	CITIZEN OF	WHAT COUNTRY	? 8	DXX NEVER M	ADDIED [	9 BALTIMORE CI	TY OR COU	NTY OF D	EATH		
		arvland		U.S.	Α.	WIDOWE		ORCED [	Bation	1. ~ C.	to			MD.
10		TY OR YOWN OF DEA	тн 11	I. NAME OF	OSPITAL, NURS	ING HOME C	OR OTHER INSTI	NOITUT	12a USUAL OCCU			L KIND O	F BUSIN	IESS OR
1		Balten	-   5	CR. K	H JACILITY, GIVE STREE	ET AUURESS)			Mason			Buil	dir	na
		L RESIDENCE (IF NURS											212	
1		TATE	136 COUNT	Y	Baltin		YES TE	Y LIMITS?	3912 S			Str		
14	M	THER'S NAME	_		Darchi	iore	15 MOTHER'S			Hanc	JVCI	DCI		-
		FIRST		DDLE	LAST		F	RST	MID!	nown		LAS	3	
14	in \A	AS DECEASED EVER	Unkno		16b. SOCIAL SEC	TIRITY NO	17. INFORMAN	IT		DDRESS				
1"		ES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)						2011		TT - ~		- C
L		Yes	WW-I	1	217-18	3-9238	Donna	لا وبلا إ	rimmer	391	2 S.		JOVE	
1		18 CAUSE OF DEATH PART I, DEATH W	H (Enter only	one couse per	line for (a), (b), a	ond ici.)		-	1		-	BETWEEN	ONSET AN	DDEATH
L	- 1		IMMEDIATE		Cupalic	> Pul	ny	LVRA	7					
I.	- 1			DUE TO O	R AS A CONSEQ	UENICE OF	)_	a	2 ~~	+				
	- 1	Conditions, if ony,	which	(b)	ASPON	the	*	8ton	- c-					
t		gave rise to imm		DUE TO O	45 4 5001550	ur var	B							
L		underlying couse			S A CONSEQUE	CHILI	Land							
П		PART 2. OTHER SIGN	HEIC ANT CO	NIDITIONS CO	NITPIRITING TO	DEATH BUT	NOT BELATED	O THE TEDAN	INIAI DISEASE OR	CONDITION	GIVENIIN	J PART 11		
L	Z	TAKE 2 OTTER SION	THICKITI CO	110110113 <u>CC</u>	ZIVIKIBOTIVO IC	DEAIL BOT	NOTKERALD	O THE TERM	NATE DISEASE ON	20140111014	Oliveria	TANT TI		
43	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	20b. IF	YES, WE	RE FINDIN	VGS US	ED
1	2									INCE	RTIFYING YES	CAUSES	OF DEA	
		21a. ACCIDENT WAS UND	ERIVING [7]	21b. TIME O	F IN ILIPY		121r HOW IN I	IIPY OCCUPE	YES NO			DR 0 4P1 21	NO	
		OR CONTRIBUTING		110110 4	M. MONTH	DAY YEAR	110110111111	OKT OCCORR	LED LEWISK WAIDER O	INJURI IN HEM	TO PART I	PR PART E)		
	S	(IF EITHER, NOTIFY MEDIC		P./		19								
	MEDICAL	21d. INJURY OCCURE		21e. PLACE (	OF INJURY EET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATIO	٧	CITY	OR TOWN	C	OUNTY		STATE
Г	^	AT WORK AT WOR	ILE [											
		220.1 certify that (I)	(this hospito	l) ottended the	e deceased from			, 19	, to		19		that (I)	(we) lost
		sow the decease	d olive on_	view the hady	ofter death	, o	nd that in (my) (	our) opinion o	death accurred on t	he date and	hour and	from the	couses s	toted
		271 SIGNATURE		The dead	grine sought		DEGREE					22c DAT	SIGNE	1.
1		71 - (	10	11 2	2 mil			TENDING HYSICIAN	MEDICAL DIRECTOR PH	STAFF		8/:	211	Del
4		174 PHYSICIAN SINA	ME IMPORT	MINIT A	7	_	22e ADDRESS		DIRECTOR	113ICIAI¥		-/-		-
Т		11 3	- L.	mdes	All		300	1 0	11 .	> (	R	10		MI (
1		Having K					1	, 0	Han	50	Da	1+0		1.0
2.	3a B	URIAL, CREMATION,	REMOVAL	236. DATE		NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION	MN	COL	UNITY_		STATE
L		Crematio	n	8/24	/84 We	estvi	ew Crei	natory						Md.
2	4 FL	INERAL DIRECTOR			ADDRESS			250 DAJ	RESIDENT STORE	PRAR 258 REC	SISPRAR'S	SIGN	ande	22
1	Da	T From	Fink	Glen	Burn i	δM e		AU	0 7 7 50	1/	(			

DHMH - 16 50M 4/83

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examined must be capitated of another TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the busial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

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#### STATE OF MARYLAND

DEPARTMENT O

11	HEALIH	ANU	MENTAL HTWENE	
TI	FICATE	OF	DEATH	REG. NO.

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
1. DECEASED NAME FIRST (TYPE OR PRINT)	el Trocki	IASt	20 DATE OF DEATH MONTH	9/84	26 HOUR //:45
3. SEX mole	1. RACE Caucasien	S. DATE OF BIRTH  MONIH  MONIH  MONIH  TOTAL  TEAR  TOTAL   6. AGE (IN YEARS LAST BIRTHDAY)  6. T YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO:	TY OF DEATH	W
BALTO.	11. NAME OF HOSPITAL, NURSING IN NOT IN SUCH FACILITY, GIVES FREET	ADDRESS) KEY	120 USUAL OCCUPATION (11/PE O ORK FOR MOST OF WORKING		F BUSINESS OR

SAKTON	FRANC	C/.	5 SCOTT 1	
USUAL RESIDENCE	I IF NURSING HOME OR OTHER INSTITUTION	I, GIVE	RESIDENCE BEFORE ADMISSION)	
13n STATEA	13h COUNTY	12.	CATY OF TOWAL	ì

MIDDLE

IN: CAUSE OF DEATH (Enter only one course per line for (a), (b), and

IMMEDIATE CAUSE

SALTO.	
LAST	

,,,,	13. INSIDE CITY LIMITS?	134 STREET ADDRESS	BOULDIN
	15 MOTHER'S MAIDEN NA	ME MIDDLE	

UTONINA

AIDDLE	JANICKI	
ADDRESS	- 8	

WAS DECEASED EVER	IN U.S. ARMED FORCES?	161
IYES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	
NA		

PART I. DEATH WAS CAUSED BY

SOCIAL SECURITY NO

Conditions, if any, which gove rise to immediate couse (a), stating underlying couse

190 DATE OF OPERATION

14 FATHER'S NAME FIRST

PART 2 OTHER SIGNIFICANT CONDITIONS CONTR

- alrise	
CONDITION FOR WHICH OPERATION WAS PERFORMED	_

20a	AUTOPSY?	
YES	T NO	1

ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

206 IF YES, WERE F	INDINGS USED
YES []	NO []

CERTIFICATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFEITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

216. TIME OF INJURY HOUR A.M. P.M

21e. PLACE OF INJURY

MONTH DAY YEAR 19

211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

211 LOCATION

COUNTY STATE

sow the deceased alive on 8/1/2000 obove (1) (we) (did (did not) view the body ofter death

DEGREE ATTENDING

22e ADDRESS

STREET

MEDICAL S STAFF

ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated

[AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]

BARDEN OF FAITHS

23d. LOCATION CITY OR TOWN

BP. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B3

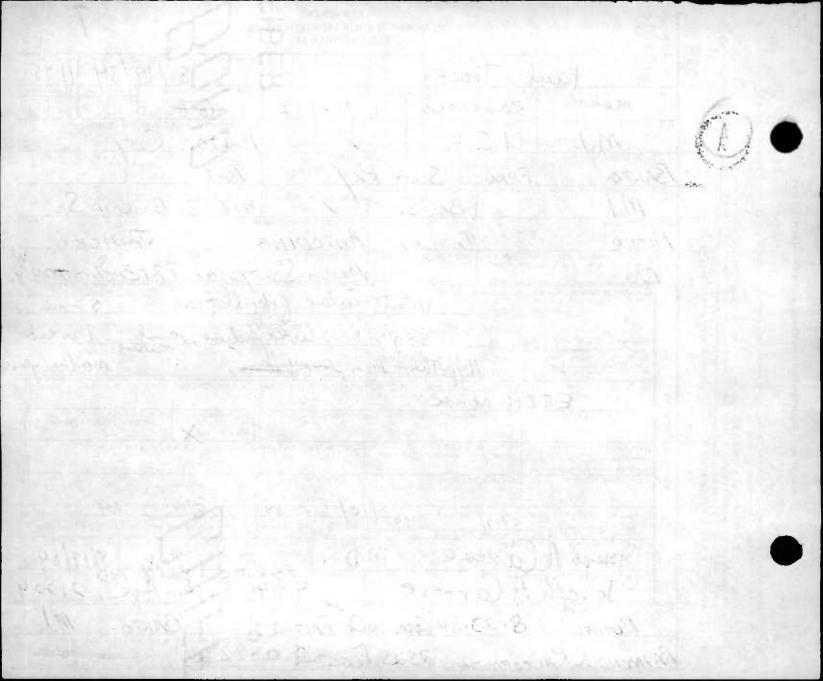
23a BURIAL, CREMATION

(VRA 15, 4)

FUNERAL DIRECTOR:

HOSPITAL

750. DATE REC'D. BY REGISTRAR 350. REGISTRAR'S SIGNATURE AUG 2 2 1984 Julia Davidson-Ran wha Davidson-Randalle



4 moy be

within 24 hours ofter

STAT		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

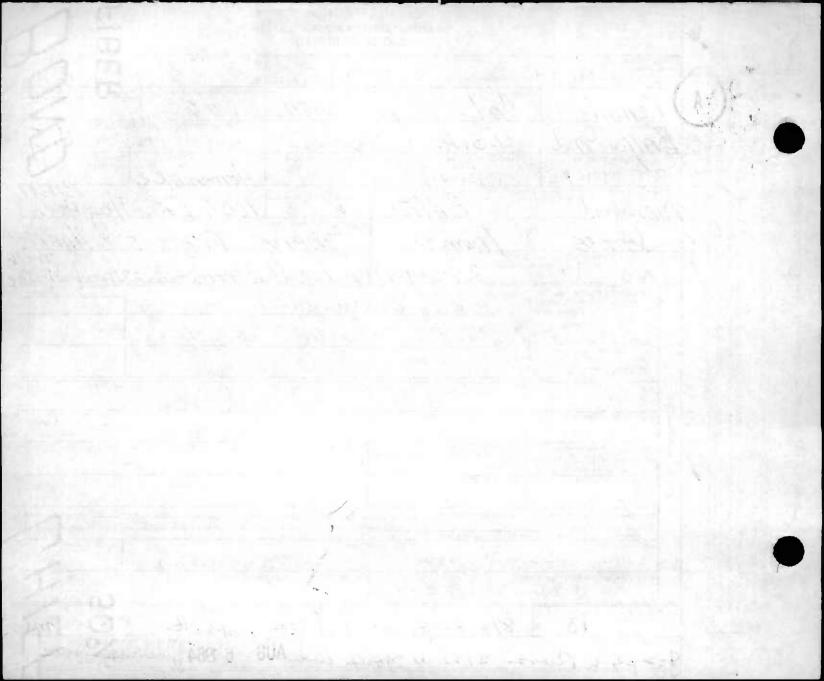
Ι'	1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	DECEASED NAME FIRST		WIDDLE	T	RUSTY	2a. DATE OF DEATH		DAY Y	AR 2	HOUR 125 A
	Female	4. RACE	1.V	5 DATE O	- 3 - 97	& AGE (IN YEARS LAST	BIRTHDAY)			F UNDER 74 HRS
10.1	BIRTHPLACE, (STATE OF COLLEGE OUNTRY)	76. CITIZEN	5. A.	MARRIED WIDOWE	NEVER MARRIED DIVORCED	000	OR COUN	TOR	TH	City
10.0	BALTIMOR		SUCH FACILITY, GIVE STREET A		R OTHER INSTITUTION	12a USUAL OCCUP		12b KI INDU:		BUSINESS
	STATE / 13b C	ME OR OTHER INSTITUTE	ISL OF OR TOWN	ADMISSIONI -	13d. INSIDE CITY LIMITS?	13e STREET ADDRES	S BIP CO	on The	41	2101 900,
10	Sames	MIDDLE	thomoson	N	15. MOTHER'S MAIDEN N	AME FR	me	es l	LAST	PARP.
16a	(YES, NO OR UNKNOWN)	S. ARMED FORCES		1817 1817	Mrs. Ruth Ac	lell Harris	on 33	332m	once	awin
	18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one cause AUSED BY: DIATE CAUSE (o).	annn	. 25	VLMONAR	4		BET	PPROXIMA WEEN ON	ATE INTERVAL
	Canditions, if any, which	h (	MA-TOAA	050	levotic 1	a D Down I A	1-7-6	10		
NO.	gove rise to immediat cause (a), stating the underlying cause las PART 2 OTHER SIGNIFICA	DUE TO	, or as a conseque	NCE OF		MINAL DISEASE OR CO			RI Ira	
TIFICATION	gove rise to immediat cause (a), stating the underlying cause las PART 2 OTHER SIGNIFICA	DUE TO	, or as a conseque	NCE OF	NOT RELATED TO THE TER		DNDITION (		INDING	
CAL CERTIFICATION	gave rise to immedial cause (a), stating the underlying cause los PART 2 OTHER SIGNIFICATION DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYIN	DUE TO (c), NOT CONDITIONS  19b. COI  19b. TIM OF DEATH HOUR	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CO	20b. IF IN CER	GIVEN IN PA	INDING USES O	F DEATH?
MEDICAL CERTIFICATION	gave rise to immedial cause (a), stating the underlying cause los PART 2 OTHER SIGNIFICATION DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYIN	DUE TO (c) NOT CONDITIONS  [19b. COI  G	OR AS A CONSEQUE  CONTRIBUTING TO D  NOTION FOR WHICH (  E OF INJURY  A.M. MONTH DA	EATH BUT  OPERATION  Y YEAR  19	NOT RELATED TO THE TER N WAS PERFORMED	MINAL DISEASE OR CO	20b. IF Y IN CER	GIVEN IN PA	INDING USES O	F DEATH?
	gove rise to immediate couse (a), stafing the underlying cause los PART 2 OTHER SIGNIFICA 19th DATE OF OPERATION 21th ACCIDENT WAS UNDERLYIN OR CONTRIBUTION CAUSE (IN ETIMER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED NOTIFIED NOTI	DUE TO (c) NOT CONDITIONS  [19b. COI  [19b.	CONTRIBUTING TO D  NOTION FOR WHICH OF INJURY A.M. MONTH DA P.M. CE OF INJURY STREET, FACTORY, OFFICE, FA	NCE OF  EATH BUT  OPERATION  Y YEAR  19  NRM. EIC )	NOT RELATED TO THE TER  N WAS PERFORMED  21c HOW INJURY OCCU  211. LOCATION	MINAL DISEASE OR CO	20b. IF IN CER	GIVEN IN PA	INDING USES O	P DEATH? NO STATE
	gove rise to immediate couse (a), stofing the underlying cause loss.  PART 2 OTHER SIGNIFICA  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE (IF ETITHER, NOTIFY MEDICAL EXA  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this saw the deceased almobave, (1) (we) (did) (d)  22b. SIGNATURE	DUE TO (c) NOT CONDITIONS  19b. COI  19b. COI  21b. TIM HOUR MINER)  21c. PLA (AT HOME hospital) ottended (re on id not) view the bo	CONTRIBUTING TO D  NOTION FOR WHICH OF INJURY A.M. MONTH DA P.M. CE OF INJURY STREET, FACTORY, OFFICE, FA	NCE OF  EATH BUT  OPERATION  Y YEAR  19  MRM. ETC.)	NOT RELATED TO THE TER  N WAS PERFORMED  21c HOW INJURY OCCU  21l LOCATION STREET  , 19  d thol in (my) (our) opinio  DEGREE  ATTENDING PHYSICIAN	MINAL DISEASE OR CO	20b. IF IN CER IN CER IN THEM IN TOWN	YES, WERE F THEYING CA YES	INDING USES O	STATE at [I] (we) I
	gove rise to immediate couse (a), stafing the underlying cause loss.  PART 2 OTHER SIGNIFICA  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  CONCONTRIBUTING CAUSE (IF ETHER, NOTIFY MEDICAL EXA  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXA  220.1 certify that (1) (this saw the deceased ally obove, (1) (we) (did) (do)	DUE TO (c) NOT CONDITIONS  19b. COI  19b. COI  21b. TIM HOUR MINER)  21c. PLA (AT HOME hospital) ottended (re on id not) view the bo	CONTRIBUTING TO D  NOTION FOR WHICH OF INJURY A.M. MONTH DA P.M. CE OF INJURY STREET, FACTORY, OFFICE, FA	NCE OF  EATH BUT  OPERATION  Y YEAR  19  ARM. EIC )	NOT RELATED TO THE TER  N WAS PERFORMED  21c HOW INJURY OCCU  21l. LOCATION STREET  , 19  d tho1 in (my) (our) apinio	20a AUTOPSY?  YES NO RRED (ENIER NATURE OF H	20b. IF IN CER IN CER IN THEM IN TOWN	YES, WERE F THEYING CA YES	INDING USES O	STATE at [I] (we) I

DHMH - 16 50M 4/8 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the busial-transit permit. Then please remove carbonpapers. Page, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.



# executed within 24 hours requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 haurs after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 21 is marked or Item 18 shows any injury, or other troumotic event, the medical examiner must be notified at ance.

of once.

must be

medicol exd

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

1	-STATE REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	10.			
	CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR	1
Title	ANNIC	2	TUYN	ier		8 29	840	2:00	M
3. SEX	X	4 RACE	5. DATE OF E	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDI		# UNDER 24 HR	_
16	MALE	Black	4	- 18 - 10	74	YRS.	DATS	NOOKS MIN	
	RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COU	NTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	EATH		
HA	mote NC	U.S.A.	WIDOWED		BALTIN	MONE			MD.
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OTHER INSTITUTION	12a USUAL OCCUPAT	ION 126		BUSINESS	R
B	AltimorE	4009 Pen	1	TVE	Housel		JUSIKI		
	AL RESIDENCE (IF NURSING HOME OF		RIOWN 13	INSIDE CITY LIMITS?	136. STREET ADDRESS	wherst A	2/2 AVE.	15	
14. FA	ATHER'S NAME	10171		MOTHER'S MAIDEN NA			1.4		
R	FIRST	MIDDLE TANDO	ST	SAYAL	MIDDLE		LAST		
16a V	VAS DECEASED EVER IN U.S. AR		L SECURITY NO. 17	INFORMANT	ADDR	ESS DAI	1, mo	2.21	5
(1	YES, NO OR UNKNOWN) (IF YES, GIVE	REWAR OR DATES)	-9150-A 4	Jilliam To	orner 400	ON MET P	ret	TOF	
-	18 CAUSE OF DEATH (Enter or		(b), and (c).)				BETWEEN ON	ATE INTERVAL	н
	PART I. DEATH WAS CAUSE	TE CAUSE (0) GASTA	o-cronha	seel career	10ma				
		DUE TO, OR AS A CON	ISEQUENCE OF	J					
	Conditions, if ony, which	( (b)							
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	ISEQUENCE OF						
33	underlying couse lost.	( (0)							
_	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	IG TO DEATH BUT NO	OT RELATED TO THE TERA	AINAL DISEASE OR CON	IDITION GIVEN IN	PART I (o)		
Ó									
CERTIFICATION	196. DATE OF OPERATION	196, CONDITION FOR	WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	706 IF YES, WER	CAUSES C	S USED OF DEATH?	
E					YES NO	YES [		NO 🗌	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LIQUID A 14 MONIT		Ic HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OF	RPART 2)		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19						
VED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		II. LOCATION STREET	CITY OR TO	wn co	UNTY	STATE	
	AT WORK AT WORK		4		1	0 0	1		
-161	220.1 certify that (1) (this bespi			19 87	to mu	190		ot (I) (ye) lo	ost
		or) view the body after death,	/	hat in (my) (get) opinion	death occurred on the a	late and hour and f	from the co	uses stated	
	226. SIGNATURE	1. //	DE	GREE	MEDICAL STA		2c DATE SI	IGNED,	
	July	Blufal		PHYSICIAN (	DIRECTOR   PHYSI		8 89	14	
	22d. PHYSICIAN'S NAME HTYPE O	RARINT)	2	2e ADDRESS	· · · · · ·		1 1	75	
		KER, M.D.		600 LIGHT 8.	T. BALT. M	D. 21230			
230. E	BURIAL, CREMATION, REMOVAL	23b. DATE	13c. NAME OF CEM	ETERY OR CREMATORY	23d LOCATION	court	0	HINE	

DHMH-16 60M 1/73 (VR A 15 (4))

FOR

FUNERAL DIRECTOR

wood IAWH Lewe TAYY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAL THE

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FOR - STATE

#### STATE OF MARYLAND DEI

PARTMENT	OF HEALTH	AND MENTAL	HYGJENE	C
CE	RTIFICATE	OF DEATH		

RE	C	N	$\cap$

1		REGISTRAR			CERTIF	CAIL OF DEAT	REG. NO.						
ı		CEASED NAME	FIRST	WIDOLE			LAST		TO DAIL OF DEATH			20 HOOK	
7	(1111)	OK PRINT)	MARION	7 C.		TU	TUTTLE		Monday	8	54 81	4	9:25 Am
	3 SEX	(	4 RACE		5. DATE O	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BI	(YAOHTS	IF UNDER	DAYS	IF UNDER 24 HRS HOURS MIN.	
	Fe	emale	White			1, 1903		81	YRS				
g		CONTRY)	E OR FOREIGN	16 CITIZEN OF	WHAT COUN	RY? 8	NEVER MARR	IED 🗆	9 BALTIMORE CITY OR COUNTY O			OF DEATH	
	Wi	Wisconsin		U.S.A.			WIDOWED DIVORCED X		BALTIMORE CITY				MD.
1	10 CI1	TY OR TOWN OF		11. NAME OF HOSPITAL, NURSING HO UNION MEMORIAL H					12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)			12b. KIND OF BUSINESS OR INDUSTRY	
		BALTIMO					TTAL		Retired -	Empl	oynen	t Co	ounselor
	USU A 13a. S	L RESIDENCE INT	NURSING HOME OR		13c. CITY OR		13d INSIDE CITY LI	MITS?	13e STREET ADDRESS	/ ZIP CC	DDE		
		ryland		Baltimor		ore			3811 Cantebury Ro			d. 21218	
p	14 FA	THER'S NAME FIRST		WIDDLE	LAST		15 MOTHER'S MAI	IDEN NAA	WE			£AS1	ſ
A	Ge	eorge	1	Η.	Cran	dall	An	nie				adsl	
1		AS DECEASED E		MED FORCES?	166 SOCIALS	SECURITY NO.	17. INFORMANT		ADD	uthe	rville	e, l	Md.
1	No			376-26-		6-0349	349 Edward S. To		ittle, Jr., P.O.B				
		18. CAUSE OF D	EATH (Enter on	ly one cause per	line for (a), (b	, and (c).1	٨				BE 1	IPPROXI	MATE INTERVAL ONSET AND DEATH
ı	- 1	PART I. DEA1	'H WAS CAUSE IMMEDIAT	D BY: E CAUSE (a)	Ca	diac	0.1100				1	0 0	nin
ı	- 1			DUE TO. O	R AS A CONSI	OUENCE OF	1	0 -1					
		Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
		underlying cause last (c)											
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG										3	
1	CERTIFICATION												
	CAI	190 DATE OF OP	196 COND	196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED					VERE FINDINGS USED NG CAUSES OF DEATH?	
	RIF								YES NO		YES		NO X
1		21a. ACCIDENT WA	_	HOUR A.		DAY YEAR	21c. HOW INJURY	OCCURR	RED (ENTER NATURE OF INJURE	JRY IN ITEM	18 PART I OR P	ART 2)	
0	CAL	LIFEITHER NOTIFY	MEDIC AL EXAMINER	P.		19							
	MEDICAL	21d INJURY OC		21e PLACE	OF INJURY	FICE FARM ETC	211 LOCATION		CITY ON TO	NWC	(Our	NTY	STATE
		AT WORK A	T WORK										
-		220 I certify the						19	to	)	19 8 -		that (I) ( lost
				t) view the body	after death.			opinion (	death occurred an the a	ate and h			
		226 SIGNATURE	0	01	0 8	(	DEGREE	IDING	MEDICAL STA	, E E	226.	DATE	SIGNED
		Van	1)-		anon	<b>`</b>	PHYS	ICIAN [	DIRECTOR PHYSI		8	1/2	7/84
		224 PHYSICIAN'S NAME (TYPE OF PRINT)					27e. ADDRESS						
		ROY	D. CHIS	SHOLM, N	1.D.		UNION M	EMOR.	IAL HOSPITA	<u>т</u>			
	23a. B	URIAL, CREMATI	ON, REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION CITY OR TOWN		COUNTY	ı	STATE
	Cremation			8-28-	8-28-84 Westvie				Baltimore				Maryland
	24 FUNERAL DIRECTOR ADDRESS 1050 York Rd. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE								URE				
	Ru	Ruck Towson Funeral Home, Inc. Towson, Md. 21204 All 30 1001									and to		

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the haspital or

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and campletely Illind in the should be detoched for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be the with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 21 is marked or Nem 18 shaws ony injury, or other troumatic event, th

aptenum mempet some DESCRIPTION OF THE PROPERTY AND THE PROPERTY OF THE PROPERTY O  requires that the death certificate be executed within 24 haurs after death. Page 4 may be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician.

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed writtin 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

with the State User. Or negativation award in tygene prior to borior, cremonar, or removal.

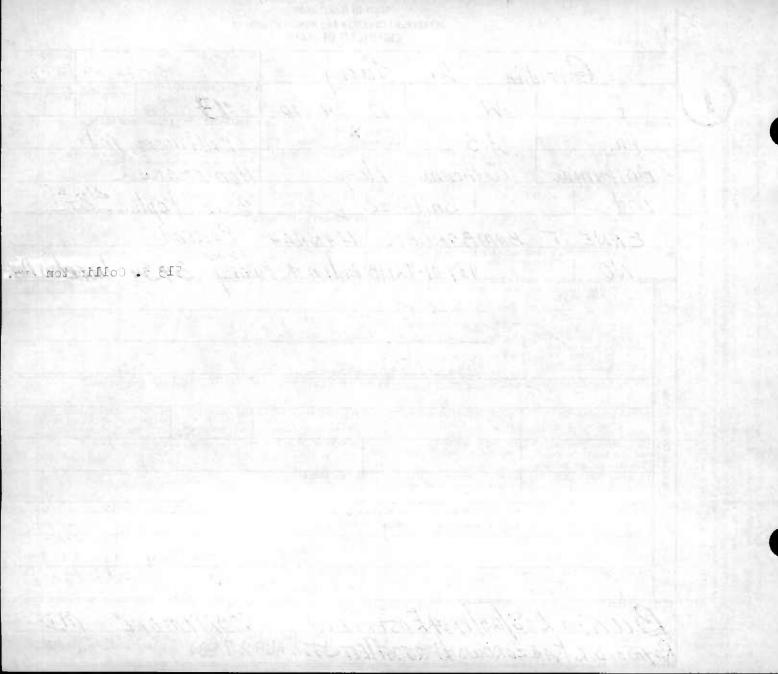
IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examples to the state of the medical examples.

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FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-		REGISTRAR		CERTIFICATE OF DEATH  REG. NO.							
		CEASED NAME PIRST	WIDDLE	MIDDLE			20. DATE OF DEATH MONTH DAY YEAR 26 HOUR				
	,,,,,	(SERDLA	live ho	L. TWOEY			8 - 22-84 10.10A M				
1	3. SEX	× 0	. RACE	5. DATE OF BIRT	DAY YEAR	6. AGE (IN YEARS LAST BI		YEAR IF UNDER 24 HRS			
1		+	W	12-	24 10	74	YRS.				
10		RTHPLACE (STATE OF FOREIGN 7	b. CITIZEN OF WHAT COUNTRY	? 8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEAT	H			
15		PA.	11.5	WIDOWED	DIVORCED [	Balti	magy, Ma	· MD.			
11	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		HER INSTITUTION	120. USUAL OCCUPAT	OF WORKING LIFE) INDUS	ND OF BUSINESS OR			
10	11511	AL RESIDENCE (IF NURSING HOME OR O	LUTHERAN	+105	0	HOMEM	AKER				
25		STATE 13b. COUNT	TY 13c. CITY OR TO		NSIDE CITY LIMITS?	130. STREET ADDRESS	Pooler 2	34.			
	14. FA	ATHER'S NAME	NDDLE LAST		OTHER'S MAIDEN NAM	ME AIDDLE	1,	LAST			
20		ERNEST	BAMBARGE	ER 6	ANNAH	PARSO	2N				
		WAS DECEASED EVER IN U.S. ARM YES, NO ORUNINGHAN) (IF YES, GIVE	AED FORCES? 166 SOCIAL SEC	URITY NO. 17. IN	NFORMANT	(SON). ADDR	1	1 1			
		NO	187-01-	7277B E	dEN T. TI	WOEL	13 S. Cell				
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		nd (çı.)			BETW	VEEN ONSET AND DEATH			
			CAUSE (0) SCOS	in .							
			DUE TO, OR AS A CONSEQU	JENCE OF /-	6 1 /	2					
		Conditions, if any, which gave rise to immediate	( 16) Wina	my mae	t crificle	· 20.					
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	JECICE OF	0						
			( 10) Delut		leer.						
1	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PAR	₹T 1(o			
-	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATION WA	S PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIF	NDINGS USED			
2	IFIC					YES NOW	IN CERTIFYING CAU				
0	CERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c.	HOW INJURY OCCURR		URY IN ITEM 18 PART 1 OR PAR				
9		OR CONTRIBUTING CAUSE OF DEATH		DAY YEAR							
-	EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M.	19 21f. (	LOCATION						
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	, FARM, ETC )	STREET	CITY OR TO	OWN COUNTY	Y STATE			
		22a.   certify that (I) (this hospital	al) attended the deceased from	8-15	19. 874	to 8-2	7 - 19 84	*, that (1) (we) last			
		sow the deceased alive an 27 19 19 19 19 19 19 19 19 19 19 19 19 19									
		22b. SIGNATURE	view the body offer death.	DEGRI	ĒĒ.		22c. D	ATE SIGNED			
	ш	Malls			ATTENDING PHYSICIAN	MEDICAL STA		- 22-89			
-	10	224. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e.	ADDRESS	- 0-0	al schh	1.1-0			
1		A. Mathen		Le	theran He	Toutel Ba	130 155111	wester.			
	23a B	BURIAL, CREMATION, REMOVAL	23b, DAVE / 23c	NAME OF CEMET	ERY OR CREMATORY	23d OCATION					
	1	DURIAL	8/25/1984 E	ASTVI	Eul.	13/17/1	MARE COUNTY.	MDATE.			
,	21	UNERAL DIRECTOR , L	1	11-	Q 250, 9AT	E REC'D. BY REGISTRAR	258. DEGISHRAR'S SIG	NATURE			
	KA	YMOND L. MAC	ZOROWS XI 2	525FIEET	AUI	0 2 / 1984	June Duringson	-Madaras			



death certificate be executed within 24 ha

requires that the

OR ATTENDING PHYSICIAN, The low ar ottending physician.

TO HOSPITAL

#### STATE OF MARYLAND FOR D

	- 20
EPARTMENT OF HEALTH AND MENTAL HYGIENE	(au)
CERTIFICATE OF DEATH	

1	- STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.							
	1. DECEASED NAME FIRST HOPE OR PRINT)	MIDDLE A.	Tyle	A	2a. DATE OF DEATH M	S - 4-84	1 3 3 m		
		Black.	S DATE OF BI	0AY YEAR 12- 97	6 AGE (IN YEARS LAST BIRTH	YRS DAY	YS HOURS MIN,		
	MANITANA	U.S.A.	MARRIED L	NEVER MARRIED	BALTIMORE CITY OR	More Cit	У, мр.		
7	13ALTIMORE	1. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET			120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		D OF BUSINESS OR RY		
7	MANY AND 136 COUNT		IMONE YI	S NO		zip code ow Avenue	21212		
7	John	Smart	15.	Mallie  Mallie	MIDDLE		LAST		
	160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 166 SOCIAL SECTION OF THE PROPERTY OF THE PROPER	3213 a	DAUGS EN	ilson Ap	pple ST.			
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE (c)	ENCE OF	T RELATED TO THE TERMIN	YAL DISEASE OR COND	TO SITION GIVEN IN PART	110		
N.	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	OPERATION W	AS PERFORMED	20d AUTOPSY?  20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH  YES NO NO NO					
7	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21a. PLACE OF INJURY	AY YEAR	HOW INJURY OCCURRE					
	WHILE NOT WHILE AT WORK ALL WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  220.1 certify that (1) (this haspital) attended the deceased from 19 to 19 that (1) (we								
-	obove, (I) (we) (did) (did not) 22b. SIGNATURE	sow the deceased alive an above, (I) (we) (did) (did not) view the body alter death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							
	DR.C	i. SHAH	HD.		e Newsin	of Here	۷.		
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		leasan	t Rest Vem	Towson,	COUNTY	Md.		
	24 FUNERAL DIRECTOR	E /11/ T-			REC'D. BY REGISTRAR 2	56 REGISTRAR'S SIGN	ATURE		

DHMH - 16 50M 4/B3 (VRA 15, 4)

NAME

TO FUNERAL DIRECTOR, After this certificate has been signed by the offending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be like with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

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F/Haninc.

1101 E North Avalle

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ha Davidson-Randall

requires that the deoth certificate be executed within

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or ottending physicion. ofter death

4 may be

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE . CERTIFICATE OF DEATH

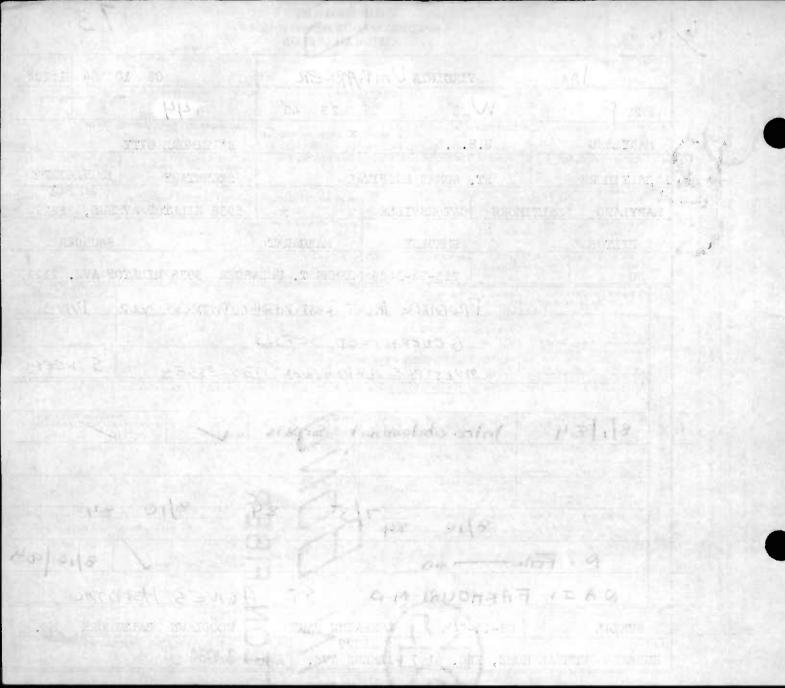
1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE • REG. NO	).	13	
	CEASED NAME FIRS	st	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TYPE	ORPRINT) JA	NICE	VIRGINIA	UM	BARGER		08 10	84	1:20P M
3. SE	X X	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		INDER I YEAR	IF UNDER 24 HRS
	FEMALE		ITE	06	2°3 4°6°	44	YRS.	THS DAYS	HOURS MIN.
Za Bi	RTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF	WHAT COUNTRY?	8 MARDIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
1	MARYLAND	U.	S.A.	WIDOWE		BALTIMOR			MD
1	BALT IMORE	(IF NOT IN SU	HOSPITAL, NURSING HEACHLITY, GIVE STREET.  AGNES H	ADDRESS)	OR OTHER INSTITUTION  AL	12g USUAL OCCUPATION (TYPE OF WORK EOR MOST O SECRETAR)	WORKING LIFE	EMPL	OF BUSINESS OR OYMENT
13a. S	10.	ME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW CATONSVI	N	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / 5938 HILL			21227
14. F/	THER'S NAME	WIDDI'S	1467		15. MOTHER'S MAIDEN NAM			LAS	7
D	HILTON	MIDDLE	SMEDLEY		MARGARET	WIDDLE		SAUND	
	VAS DECEASED EVER IN U.		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
100	YES NO OR UNKNOWN) (IF )	YES, GIVE WAR OR DATES)	215-54-	3426	JAMES T. UMB	ARGER 5938	HILLTO		. 21227
	18 CAUSE OF DEATH (En	ter only ane cause pe	line for (a), (b), and	d ic				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS C	EDIATE CAUSE (a)	TUBARLE	ADU	LT RESPIRATOR	27 DISTRES	SYND.	$\mathcal{D}$	AYS
	DUE TO, OR AS A CONSEQUENCE OF								
	Conditions, if any, which ( (b) GENERALIZED SEPSIS								
1.	gove rise to immediate couse 101, stating the DUETO OR AS A CONSEQUENCE OF								
	underlying cause la				BDOMINA B	BSCESSE	S	5	weeks
z	PART 2 OTHER SIGNIFIC				NOT RELATED TO THE TERM			IN PART 1	a
CERTIFICATION	190 DATHOF OPERATION	196 COND	Ta cibelo	-	N WAS PERFORMED	200 AUTOPSY?	706 IF YES, W	IG CAUSES	OF DEATH?
E	11101	NG [] 21b. TIME (		1111/2		YES NO	YES [		NO 🗌
	710. ACCIDENT WAS UNDERLYING CAUSE	OF DEATH HOUR A	,M. MONTH DA	AY YEAR	71c HOW INJURY OCCURE	CED LENTER NATURE OF INJUR	Y IN ITEM IS PART	I OR PART 2)	
MEDICAL	216. INJURY OCCURRED	21e. PLACE	OF INJURY REET, EACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK		1 11	7	15 21	8	10	24	41 4 44 4 44
	220. I certify that (I) (this saw the deceased ali abave. (I) (we) (did) (o	ive an 8	110 19 9	24,0	nd that in (my) (our) opinion (	deoth occurred an the do	ite and hour a		that (I) (we) last causes stated
186	726. SIGNATURE				DEGREE			27c DATE	SIGNED
	0.1	Falo	CINI -		ATTENDING PHYSICIAN	MEDICAL STAF		8	10/900
	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)			27e ADDRESS			11111	
	DAI		10URI		ST	AGNES	H057	PITAL	
	BURIAL, CREMATION, REM		F 30 0 1		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		OUNTY	STATE
_	BURIAL	08-14	-84		AINE PARK	WOODLAWN	BALTI		MD.
	UNERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRATE	SHORE SUPPLEMENT	Eschinuly	(186-strains
H	UBBARD FUNER	AL HOME, I	NC. 4107	WILKE	INS AVE. AUG	1 3 1984			

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and campletely illied in the should be detached for use as the burial-transit permit. Then please remove corbonopers. Pages 1 and 2 shauld be the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumatic event, the



death. Page 4 may be

requires that the death certificate be executed within 24 haurs ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked at Item 18 shaws ony injury, at other traumatic event, the

medical exar

# FOR DEPARTMENT OF H

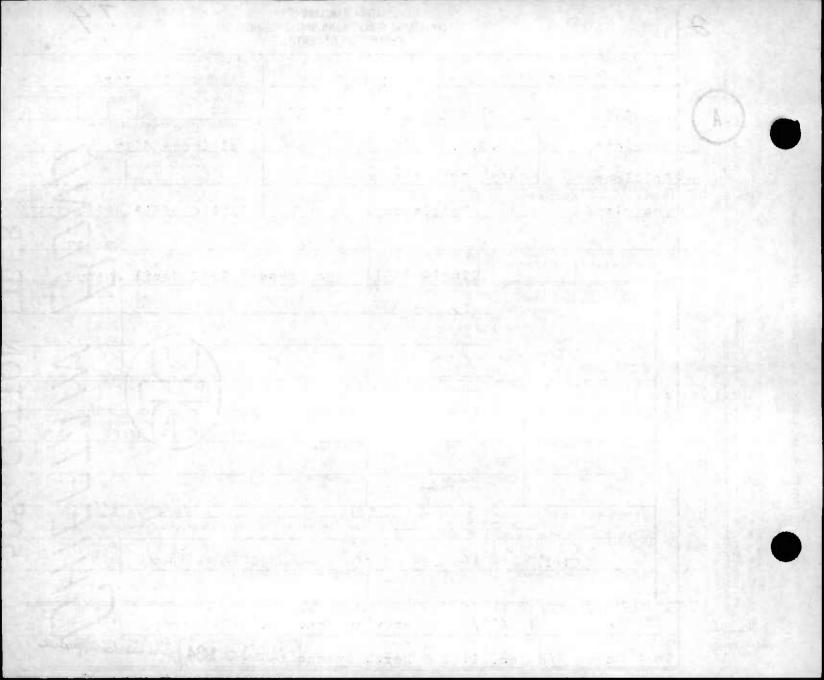
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

177	8	1	7	11
2	1	13	1	4

REGISTRAR		CERTIFICATE OF DEAT	REG. NO	5.					
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR					
JESS	E	UPSHAW	AUGUST	12. 1984 M					
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS					
male	black		5 68	YRS. MOURS MIN.					
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	V2 II	A BALTIMORE CITY O	R COUNTY OF DEATH					
Virginia	U.S.A.	MARRIED NEVER MARRI		re City. MD.					
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTE	ON , 12a USUAL OCCUPATE	ON 126 KIND OF BUSINESS OR					
Paltimona	2553 CECIL		(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY					
Baltimore USUAL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)							
13a STATE 13b. COL				66: 11 21 2121					
Maryland -	Balti	more YES X NO		effield Rd. 21218					
FIRST	MIDDLE LAST	FIRST	MIDDLE	ŁAST					
-	-	Lena	ADDRE	Upshaw					
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 16b SOCIAL SE	CURITY NO. 17, INFORMANT	ADDRE	55					
NO	220-14	-5591 Lena J	ohnson 2553 (						
18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b),	ond (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUS		zown.							
	DUE TO, OR AS A CONSEC	NIENCE OF							
Conditions, if ony, which	LOPE TO, OK AS A CONSEC	POENCE OF							
gove rise to immediate	gove rise to immediate								
couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	DUENCE OF							
DADI O OTHER CICAHESCANI	T CONDITIONS CONTRIBUTING TO	0.000 4711 0117 4107 001 4700 70 7	US TERMINAM DISCORDE OR SONI						
	CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO TH	TE TERMINAL DISEASE OR COINE	JITON GIVEN IN PART 1101					
190. DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19h CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDINGS USED					
0	11. CONTINUE OF THE PROPERTY OF		the first of the second	IN CERTIFYING CAUSES OF DEATH?					
21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	71/ HOW/INHURY	OCCURRED (ENTER NATURE OF INJUR	YES NO					
		DAY YEAR	OCCORRED (ENTER NATURE OF INJUR	TINITEM IS PART I OF PART 2)					
IF EITHER NOTIFY MEDICAL EXAMIN		19							
OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	21f. LOCATION STREET	CITY OR TO	WN COUNTY STATE					
WHILE NOT WHILE AT WORK				= ~11					
220.1 certify that (I) (this has	pital) ottended the deceased from	n 8/1 19	\$9, to 21	19 6 /, that (I) (we) lost					
sow the deceased alive o	not) view the body offer death.	, ond that in (my) (our)	opinion death occurred on the do	ote and hour and from the causes stated					
22b. SIGNATURE	L_	DEGREE		22c DATE SIGNED					
2011	10001 (0001	n M ATTEN		8114189					
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	CIAN DIRECTORX FITTSIC	TAIN S I S					
230. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREM	CITY OR LOWN	COUNTY M. STATE					
	0/10/84	Eastview Mem.	Pk. Baltimor						
24 FUNERAL DIRECTOR	ADDRESS			250 REGISTPAR'S SIGNATURE dall					
	H Inc. 1101 E	North Avenue	AUG 1 0 1964	1					

DHMH-16 30M 2/80 (VRA 15, 4)

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or ottending physician.

2	8	1-	FOR STATE REGIS

ompletely filled in by the and 2 should be filed wir

and completely

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached far use as the burial-transit permit. Then please remove carbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other traumatic event, the

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6	1	3	# 3
En	-	4	15

		REGISTRAK						REG	NO.		
		CEASED NAME FIRST	mma '	MIDDLE Doro	thy '	AST Url	akis	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(1100	EMMA			URL	-AKIS		8/11/84	08	11 84	9:20Pm
	3. SEX		4 RACE		5 DATE C		2/09	6. AGE (IN YEARS LAST	BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
		Female	Caud	asian	58	02	09	74	75 YRS.	MONINS. DAYS	HOURS MIN.
		RTHPLACE   STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER A	ADDIED []	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
12	Pe	enns <b>v</b> Avania	u	SA	WIDOWE	DE OF	ORCED [	Balti			MD.
6	10 C11	BALTO.		HOSPITAL, NURSIN H FACILITY, GIVE STREET AGNE		R OTHER INST	ITUTION	Teache	ST OF WORKING		Ed.
5	13a. S			GIVE RESIDENCE BEFORE 130. CITY OR TOW Catons	N	13d INSIDE C	TY LIMITS?	7 Tang	s Lewoo	d Road	21228
	14. FA	THER'S NAME Joseph	MIDDLE	Lucas			MAIDEN NAM	AE MIDDU		Stard	olis
7		VAS DECEASED EVER IN U.S. AR	AE LAVAD COD DATES	166 SOCIAL SECU		17. INFORMA	NT			., Apt.	
1		NO OR UNKNOWN) (IF YES, GI	A	217-30-	4535	Joan	Soutar	Fairb	anks,	Alaska	99701
		18 CAUSE OF DEATH (Enter or	nly one cause per	line for (a), (b), one	d (c).					BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	CARDIO 1	LLMO	NARY	ARRES	T		HI	Estun
				R AS A CONSEQUE	NCE OF						
		Conditions, if ony, which ( (b) RECEPUT MYOCARDIA THEARCT DAYS								CXF	
		gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									
		underlying couse lost.									
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CO	ONDITION G	IVEN IN PART 110	
	CERTIFICATION	LEFT ATRI	iAZ 7	THROMBU-	3						
ī	CAT	190 DATE OF OPERATION		TION FOR WHICH		N WAS PERFO	RMED	200 AUTOPSY?		ES, WERE FINDIN	
	TE							YES NO		YES (2)	NO []
	CER	710. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY M. MONTH DA	AV VEAD	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM TO	PART 1 OR PART 2)	
		OR CONTRIBUTING CAUSE OF DE	MIN	M. MONTH DI	19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE			211. LOCATIO	N	CHYO	RIOWN	COUNTY	STATE
	×	WHILE NOT WHILE AT WORK	(AI HOME, SIE	REET, FACTORY, OFFICE, F	ARM, ETC J	Since					
		22a. I certify that (I) (this hospi	ital) attended th	e deceosed from_			. 19	, to		, 19, t	that (I) (we) lost
		saw the deceased alive an obove, (1) (we) (did) (did no	the back	atter death	, ar	nd that in (my)	(our) opinion d	leoth occurred on the	date and he	our and from the c	causes stated
		27b. SIGNATURE	View The bbdy	a decin.		DEGREE		-		22c. DATE	SIGNED
	92	Sturen H	tone	2000		M.O. "	TTENDING PHYSICIAN	MEDICAL S	TAFF	8/	12/14
		224 PHYSICIAN'S NAME TYPE	OR PRINT)	(I-CII-C		22e ADDRES		, -,		1	
		STEVEN H.	PEAR	LMAN		57	. AGA	UFT HAS	PITTI	RAT	T7) .
	23a B	BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR	REMATORY	23d. LOCATION		7 671.	
	- (:	Burial	8/16/			n Ceme		Baltim	ore C	itv. Ma	arvland
		UNERAL DIRECTOR						REC'D. BY REGISTR		0.2	
	Ma	acNabb Funera	al Hom	e Cato	ngvi:	lle. M	a. AU	G 1 4 1984	1 m - si	-mirdson-1	Pandelle.
			_ 110111	0400	LLOVI.	TT C 0 TA	C. T.O.	1309	1/		1

DHMH - 16 50M 4/82 (VRA 15, 4)

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death. Page 4 may be

executed within 24 haurs ofter

death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician. completely filled in by the funeral direct Jond 2 should be filed within 72 hours

must be notified of once.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, ar ather traumatic event, the medical again TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and co should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to buriol, crematian, ar removal.

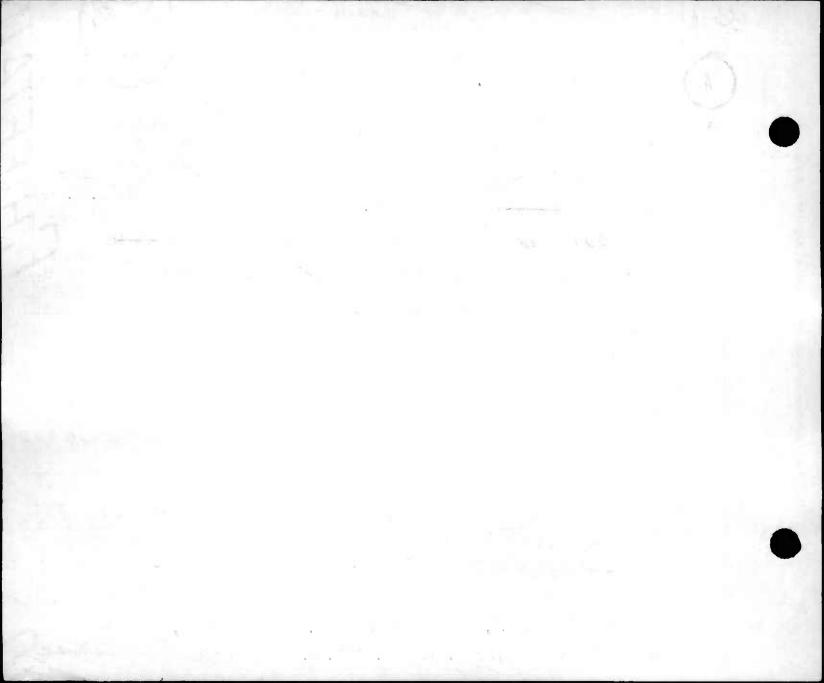
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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 44

9	1	3	76
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1	1-	STATE REGISTRAR			CERTIFI	CATE OF DEATH		REG. NO	),			
V		CEASED NAME PIRST	,	VIDDLE	ANB	SRACKEL	20		MONTH	31 84	26 HOUR 21A	M
1	3. SEX	male	1. RACE	asian	5. DATE O		·R	AGE (IN YEARS LAST BIRTI	YRS.	IF UNDER LYEAR	IF UNDER 24 HE HOURS MI	
9		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIE	D L	BALTIMORE CITY OF		OF DEATH		MD.
3		Baltimore	SO JA	BALTO.	ADDRESS)	rother institution	1 (T)	USUAL OCCUPATION OF OF WORK FOR MOST OF			wad	OR .
5	13a. S	Maryland Bo		GIVE RESIDENCE BEFOR		13d. NISIDE CITY LIMI	5	STREET ADDRESS	ZIP COD	Balto.	37.2123	30
2		Lowis	WIDDLE	Van Bra	ckeL	.,,,,,	ENNAME			)-ise 1AS		
		(IF YES, GIV	MED FORCES? E WAR OR DATES)	705 LO	6479	Chart		30015.B	ita (		WET Ba	Llto
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (o)	andiop	Uma	many o	RR.	Tas		BETWEEN	MATE INTERVAL ONSET AND DEAT	IН
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	(b)_	R AS A CONSEQU	e v	negoears	leal	infaul				_
	NO	PART 2 OTHER SIGNIFICANT O	SCVD	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE			ITION GI	VEN IN PART 1	٥	
2	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATION	N WAS PERFORMED		200 AUTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSES ES		
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH D	AY YEAR	21¢ HOW INJURY O	CCURRED	(ENTER NATURE OF INJUR	Y IN ITEM IB	PART I OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED  WHILE ON WHILE OF AT WORK	21e. PLACE (AT HOME, STE	OF INJURY BEET, FACTORY, OFFICE,	FARM, ETC }	211 LOCATION STREET		CITY OF TOV	VN	COUNTY	STATE	
		220.1 certify that (1) (this haspi saw the deceased alive on above, (1) (we) (did) Jeta no	Lugin	31 10	1	d that in (my) (our) of	pinion deat	to Urred on the do	te and ha	ur and from the		
		27b. SIGNATURE	12	- m	0	ATTEND PHYSIC		NEDICAL STAF		226. DATE	I SY	-
	-	220. PHYSICIAN'S NAME THE S	-			3001	S. Ha	muer	8-	+ Ba	lt.	
	(	Burial  Burial	Sept.4,	1001	dan Hi			Baltinone	-	Maryland	-	
	24 FL	ineral director Id willy Funeral	Home, 1	30 E.For	t Ave.	31238.Md.	AUG	3 1 1984	1.	TRAR'S SIGNAT	Mandell	

DHMH - 16 50M 4/83 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 nay becomed by the haspital ar attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, pages to use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death the State Deat, of Health and Mental Hygiene prior to burial, cremotion, or removal.

	STATE OF MARKITUME
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE REGISTRAR	CERTIFICATE OF DEATH

ARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE -
CEI	RTIF	ICATE	OF	DEATH	

REG. I	10.			
20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
August	8, 19	84		6:24
A AGE INVEARSTANTS	PTHDAY	IF UN	DERLYEAR	IF UNDER 24 I

REGISTRAR		CERTIFICATE OF DEATH	REG. NO	o							
1. DECEASED NAME F	RST MIDDLE	ŁAST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR						
	arah Marie	VAN DANIKER	August 8	3, 1984	6:24 A						
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE   IN YEARS LAST BIR		DAYS HOURS MIN.						
/ Female	Cau.	12/2/10 YEAR	73	YRS	DATS HOURS MIN.						
7a. BIRTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	АТН						
Balto.	USA	WIDOWED DIVORCED		re City	MD.						
0. CITY OR TOWN OF DEATH		IURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON 126 K	(IND OF BUSINESS OR						
Baltimore		General Hoapital	Housew:		,						
	ME OR OTHER INSTITUTION, GIVE RESIDENCE COUNTY 136. CITY OF	E BEFORE ADMISSION)									
Md.		alto. YES NO X			Ave. 2123						
I FATHER'S NAME	MIDDLE LAS	15 MOTHER'S MAIDEN N			LAST						
Thomas Ne		Bridget J			tasi						
160, WAS DECEASED EVER IN	U.S. ARMED FORCES? 166 SOCIAL	L SECURITY NO. 17 INFORMANT	ADDRE	SS							
(YES, NO OR UNKNOWN) (1	F YES, GIVE WAR OR DATES)	)5-2313D Margaret	Cerino, sa	ame addr	ess						
	inter only one cause per line for (a), (		OCTIN-1 O	as as	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH						
PART I. DEATH WAS		ic Carcinoma, with m	metastasis to								
	DUE TO, OR AS A CONSEQUENCE OF										
underlying cause PART 2 OTHER SIGNIFI	the lost. DUE TO, OR AS A CON:	SEQUENCE OF  GTODEATH BUT NOT RELATED TO THE TER	rminal disease or con	DITION GIVEN IN P	ART 110						
190 DATE OF OPERATIO	N TIGH CONDITION FOR V	VHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE	FINDINGS LISED						
E INDICATE OF OFERANCE	178. CONDITION ON	THE TOTAL WAS TEN OWNED		IN CERTIFYING C.	AUSES OF DEATH?						
71a, ACCIDENT WAS UNDERL	YING [7] 21b. TIME OF INJURY	71, HOW IN HIRY OCCU	JRRED (ENTER NATURE OF INJUI	YES _	NO [						
00.00		H DAY YEAR	THE TENTER WATORE OF BASON	THE REAL PROPERTY OF THE PARTY	PART 41						
THE EITHER NOTIFY MEDICAL I		21f LOCATION									
WHILE NOT WHILE	TAT HOME STREET FACTORY O		CITY OR TO	wn cou	NIY STATE						
AT WORK AT WORK		August 6	84 to Augu	ist 8 19	84						
	is haspital) attended the deceased blive an <u>August 8</u> (XXX) view the body ofter death.	from <u>August 6</u> , 19 1984, and that in (m <b>K</b> (our) apinio			m the causes stated						
226. SIGNATURE	(Once the body offer death.	DEGREE		220	DATE SIGNED						
Cher	2 Rudle	7 MO ATTENDING PHYSICIAN	MEDICAL STAI		8/8/84						
22d PHYSICIAN'S NAME	(TYPE OR PRINT)	22e ADDRESS									
Charles	Ridley, M.D.	c/o Marula	and General I	Hospital							
73a BURIAL, CREMATION, REA		23¢ NAME OF CEMETERY OR CREMATORY	23d LOCATION								
Burial	8/11/84	Oaklawn Cemeter	v Balto	. Md.	Y STATE						

DHMH - 16 50M 4/83 (VRA 15, 4)

PORTANT: If them 21 is morked or Item 18 shows any injury, or other troumatic event, the

3331 Brehms Lane, Balto., Md. 21213 AUG 1 0 1984 Fulla Savidson 1880

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(	B <sub>2</sub>	oge 3
4	h Poge 4 m	ol director, p 2 hours ofter
01	ith certificate be executed within 24 hours after death. Page	ding physician and campletely filled in by the funeral direction
ON ST., BALTIMORE, MARYLAND 21201	nin 24 hour	ly filled in should be f
RE, MARY	ecuted with	d complete
BALTIMO	cote be ex	epers. Page
ON ST.,	th certific	ending ph cortion

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

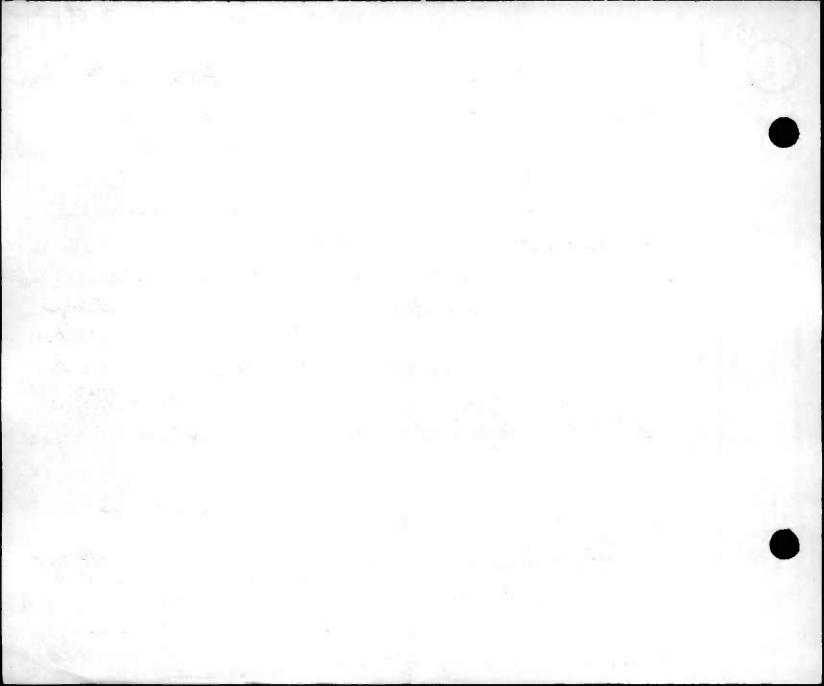
1 -	REGISTRAR				CERTIF	ICATE OF DEAT	H	REG. N	0.		
	CEASED NAME	FIRST		VIDDLE		AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		MARY	M		VAN PEI	LT		HUG	T 8	1984	10-1
3. SE	Х	4.	RACE		5. DATE C		rear	6 AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS
	Female		whi	te	Sept	0 100		89	YRS		
70 BI	RTHPLACE   STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUN	TRY? 8.	D NEVER MARR	IED 🗆	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
	arvland		USA		WIDOWE			BALTIMOR	RE CIT	Y.	MD.
100	ITY OR TOWN OF DEA	ATH 11			URSING HOME ( STREET ADDRESS)	OR OTHER INSTITUT	ION	178 USUAL OCCUPATE			BUSINESS OR
	ALTIMORE		UNION I	MEMORI	AL HOSPI	TAL		Homemaker			
13a. S	AL RESIDENCE (# NUR: STATE	13b. COUNT		13t. CITY OR	TOWN	136 INSIDE CITY L	MITS?	13e.STREET ADDRESS	ZIP CODE	Ap	t 1206
Mc			•	Balt	imore	YESKIXI NO		3838 Ro	land A	ivenue 2	1211
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DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR After this certificate hon bein

etained by the haspital



TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and completely fulled in by the should be detached for use as the burial transit permit. Then please remove carbon popers. Fages 1 and 2 should be filled with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE CERTIFICATE OF DEATH

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1. DEC	REGISTRAR			CEKIII	ICATE OF DEATH	DEC N		
1000	OR PRINTING Charles		hard V	ermi'l	ASI Lion	REG. NO	MONTH DAY	VEAR 26. HOUR 21 1725
3. SEX		4 RACE While		S DATE (	OF BIRTH	6 AGE (IN YEARS LAST BIRE	HDAY) IF UNDE	
Ma	RTHPLACE (STATE OR FOREIGN OUNTRY)	USA	WHAT COUNTRY	WIDOWE		Baltimore City o	e City	MD
Bal	ty or town of death  Ltimore	St. Ag	nes Hosp:	tal	OR OTHER INSTITUTION	126 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Security	WORKING HEE IND	KIND OF BUSINESS OR USTRY Hopkins
13a. S	AL RESIDENCE OF NURSING HOME OF TATE TYLAND HOWA	OTHER INSTITUTION ITY  Td	GIVE RESIDENCE BEFORE  13. CITY OR TOV  ELKTIO			13e STREET ADDRESS / 6202 Old Wa	ZIP CODE shington	Rd. 21227
	THER'S NAME James Vermilli	MIDDLE	LAST		IS MOTHER'S MAIDEN NAME LOUISE L	avnor		IAST
(1)	VAS DECEASED EVER IN U.S. AR 165, NO OR UNKNOWN) (IF YES, GIV 10	217- 09-		Kathryn M. V	ermillion E	TKLI age,	Washington Md. 21227	
	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	lly one couse per D BY: [E CAUSE (o)	line for 101, 161, 0	RESP	IRATORY FA	HLURE	8	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH MMEDIATE
TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT OF DECUBITOR	DUE TO, O	RAS A CONSEQUENT ON TRIBUTING TO	DEATH BUT		INAL DISEASE OR CONE	DITION GIVEN IN I	
CERTIFICATION	1% DATE OF OPERATION 2 31 84		UBITYS		N WAS PERFORMED	YES NO		FINDINGS USED AUSES OF DEATH?
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE- LIFETHER, NOTIFY MEDICAL EXAMINET  21d. INJURY OCCURRED	HOUR A.	M. MONTH E M. OF INJURY	19	21c. HOW INJURY OCCURE			
ME	WHILE NOT WHILE AT WORK  22e. I certify that (1) this hasp sow the deceased alive an above, (1) (4) (find (did no 22b. SIGN A) URE  AT WORK  AT WOR	tol) ottehded th	A .	7/3	DEGREE ATTENDING	to	. 19	, that (I) we lost
	PHILIP J.	RUZBAT	esky, N	ND	22e ADDRESS	ST. AGNES 1		vi, MD.
-					EMETERY OR CREMATORY	1234 LOCATION		

I there I say ... eromities Beennity Canal V. Tooki in Continued In swell have got 12313 av. 10, 12 BB EEU 2080 X Jenua Volentito 21,- 0,-5012 كالمالم المعالم ا - receive Silver to the color of the colo

filled in by the funeral director, page 3 ould be filled within 72 hours after death

After this certificate has been signed by the attending physicion a as the buriol-transit permit. Then please remave carbon papers. P

TO FUNERAL DIRECTOR. After this centificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanapea with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If them 21 is

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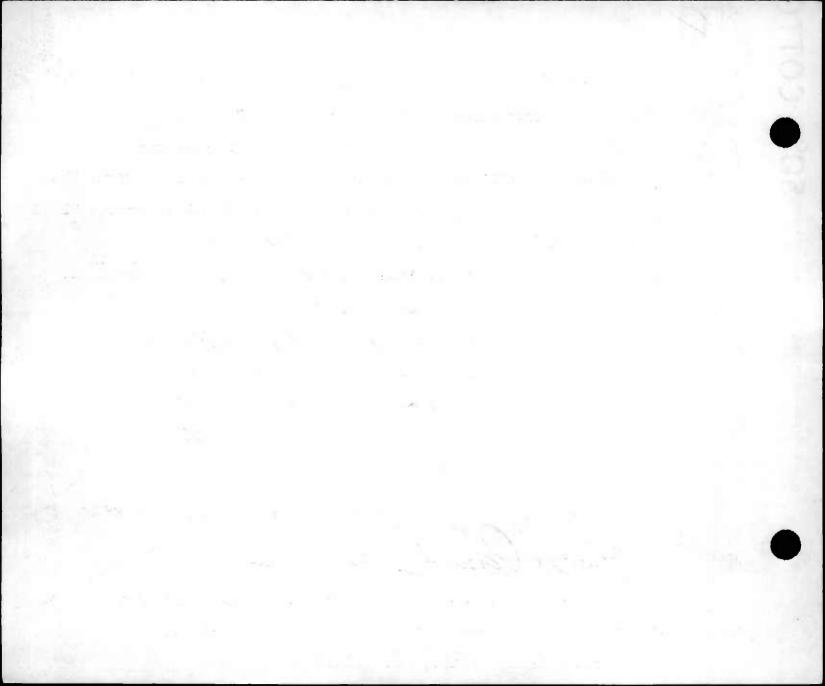
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Male    Aucasian		1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.				
MALE  LEAGE  LEAGE  LOCATION  LEAGUES IN THE PLANE (STAND OFFICEN OF WHAT COUNTRY)  LOCATION  LO	1			WIDDIE	1	A51	20. DATE OF DEATH MONTH				
MALE  12 AUCASIAN  A-21-1906  13 BALTIMORE  15 CITY OF TOWN OF DEATH  15 CITY OF TOWN OF DEATH  16 CITY OF TOWN OF DEATH  17 BALTIMORE  11 NAME OF HOSPITAL NUSSHORE HOSE OF TOWN MEMORAL HOSPITAL WOOWED  18 CITY OF TOWN OF DEATH  19 CITY OF TOWN OF DEAT	١	7				VETRI	8-6-84 11'				
ABLE   AUCASIAN   ACRES   ALTIMORE CITY OF COUNTY OF DEATH   ARRENDONNO   ARRENDO	ı	3. g. x		4. RACE			6 AGE (IN YEARS LAST BIRTHDAY)		4 4 1 1 1 1 1 1		
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18. CHY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   12. NAME OF HOSPITAL   12. NAME OF HOS		S	icily	USA			BALTIMORE CTI	rv	MD		
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The Was deceased even in u.s. armed forces?   The Social Security no.   The Test of Was of Dates   The Test of Dates   Th	7		FIRST			P.D.C.	MIDDLE	LAST			
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B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).	1			E WAR OR DATES)							
PART 1. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (0)  Conditions, if ony, which gove rise to immediate cause (10), stating the cause (10), stating the cause (10), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT NAME (1986 OF PART 1)  PART 3. OTHER SIGNIFICANT NAME (1986 OF PART 1)  PART 4. OTHER SIGNIFICANT NAME (1986 OF PART 1)  PART 5. OTHER SIGNIFICANT NAME (1986 OF PART 1)  PART 5. OTHER SIGNIFICANT NAME (1986 OF PART 1)  PART 5. OTHER SIGNIFICANT NAME (1986 OF PART 1)  PART 5. OTHER SIGNIFICANT NAME (1986 OF PART 1)  PART 5. OTHER SIGNIFICANT NAME (1986 OF PART 1)  PART 5. OTHER SIGNIFICANT NAME (1986 OF PART 1)  PART 5. OTHER SIGNIFICANT NAME (1986 OF PART 1)  PART 5. OTHER SIGNIFICANT NAME (1986 OF PART 1)  PART 5. OTHER SIGNIFICANT NAME (1986 OF PART 1)  PART 5. OTHER SIGNIFICANT NAME (1986 OF PART 1)  PART 5. OTHER SIGNIFICANT NAME (1986 OF PART 1)  PART 5. OTHER SIGNIFICANT NAME (1986 OF PART 1)  PART 5. OTHER SIGNIFICANT NAME (1986 OF PART 1)  PART 5. OTH		n	0	213-01-	1832	M. Samuel	Vetri 7827 H				
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Titending   Medical   Staff   Physician   Director   Physician   P		ı					death assured as the date and I	, 19, that (I) v	MD F BUSINESS OR Shoe  21205  Rd.  WANTE INTERVAL ONSET AND DEATH  ON STATE  That (I) (we) ast causes stated  SIGNED		
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIR			abave, (I) (we) did) (did no	t) view the bady after death.		_	death occurred on the date and t		nea		
PHYSICIAN DIRECTOR PHYSICIAN  PHYSIC			226 SIGNUTURE	11/2 /			MEDICAL STAFF	22c. DATE SIGNED	THE COURSE STATE  WYEAR WUNDER 24 HRS.  HUNDER 24 HRS.  MIN.  HUNDER 24 HRS.  HUNDER 24		
FRANCIS X. CARMODY, M.D.    3201 N. CHARLES STREET 21218			your 79	( Churt)		PHYSICIAN 4					
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STA BURIAL DIRECTOR Balto., Md.  24. FUNCHALOIRECTOR FUNCHALOIR			224 RHYSICIAN'S NAME (TYPE O	R PRINT)		22e. ADDRESS					
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN CITY			FRANCIS X. CA	ARMODY, M.D.		3201 N. CH	ARLES STREET	21218			
Burial 8-9-84 Holy Redeemer Cem. Balto., Md.  24. FUNERAL PIRECTOR & Funeral Home PODRE Inc.  25. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE				23b. DATE 23c. 1	NAME OF C		23d. LOCATION		LATE		
DECRASE NAME    SAMUEL   VETRI     SAMUEL   VETRI   VETRI   SAMUEL   VETRI			IAIE								
ALLO TO A STATE OF THE PROPERTY OF THE PROPERT	i										
3331 Brehms Lane, Balto, Md. 21213 AUG '1984 the Landson-Mondale		3	3331 Brehms I	lane, Balto.	Md .	21213 AUG	7 1984 That	avidson-Randales			

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the haspital or attending physician.

executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

must be notified of once.

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE

FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HY	GJENE REG. N	0		
1. DECEASED NAME	FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
(TYPE OR PRINT)	John	William		Vetters	Aug. 4.	1984		15
3. SEX		RACE	5. DATE O		6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER I YEAR	IF UNDER 24
Male		White	Sept. 28, 1910		73	YRS	MONTHS DAYS	HOURS A
76 BIRTHPLACE (STATE Maryland	OR FOREIGN 7h	CITIZEN OF WHAT COUNTRY	Y? 8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNT		
Baltimo		1. NAME OF HOSPITAL, NURS			120 USUAL OCCUPAT LITYPE OF WORK FOR MOST OF	OF WORKING	LIFE) INDUSTRY	ery Wo
Maryland	NURSING HOME OR OT	THER INSTITUTION, GIVE RESIDENCE BEFORE  134, CITY OR TO  Latino	WN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 424 E. Fond	ZIP COO	Balto.	H. 21
14 FATHER'S NAME EIRST Harry	MI	Vette	ars _	15. MOTHER'S MAIDEN NA FIRSHEddi	e miodre		Koc	k
166 WAS DECEASED E		ED FORCES? 166 SOCIAL SEC 213-05-		Mrs. arrie	Vetters, Sa	me as	above	
	immediate lating the ouse last	DUE TO, OR AS A CONSEQ	AS A CONSEQUENCE OF  NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONT				IVEN IN PART 11	0.
190 DATE OF OP	ERATION	196. CONDITION FOR WHICH	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN	
OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18	PART I OR PART 2	
	T WHILE	(AT HOME, STREET, EACTORY, DEFIC	E, FARM, ETC }	STREET	CITY OR TO	NWN	COUNTY	STAT
		l) attended the deceased from	11	nd that in (my) (our) opinion	death occurred on the c	ote and ha	-	that (1) (auc)
276. SIGNATURE	mu	I Ruli		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED
SAM		RUBINA		1 Sla	le an	•		
	rial )	23h. DATE Nug. 7, 1984 SL	en flav	en Mem. Park	Glen Burn	ie, A.	A. Co.Ma	ryland
24 FUNERAL DIRECTO		ome, 130 E. Forts	Ave		TE REC'D. BY REGISTRAF	Sh. REGIS	avidson-R	nder

DHMH - 16 50M 4/83 (VRA 15, 4)

to the state of th A DAMPINE TO THE REAL PROPERTY OF THE PERSON the in influence and it is all of the second of the second of the second of and the same passed in the same the state of the s The same and the s outly engers my the to a translation. TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

marked or frem 18 shows ony injury, ar other troumotic event, the

IMPORTANT: If Hem 21 is

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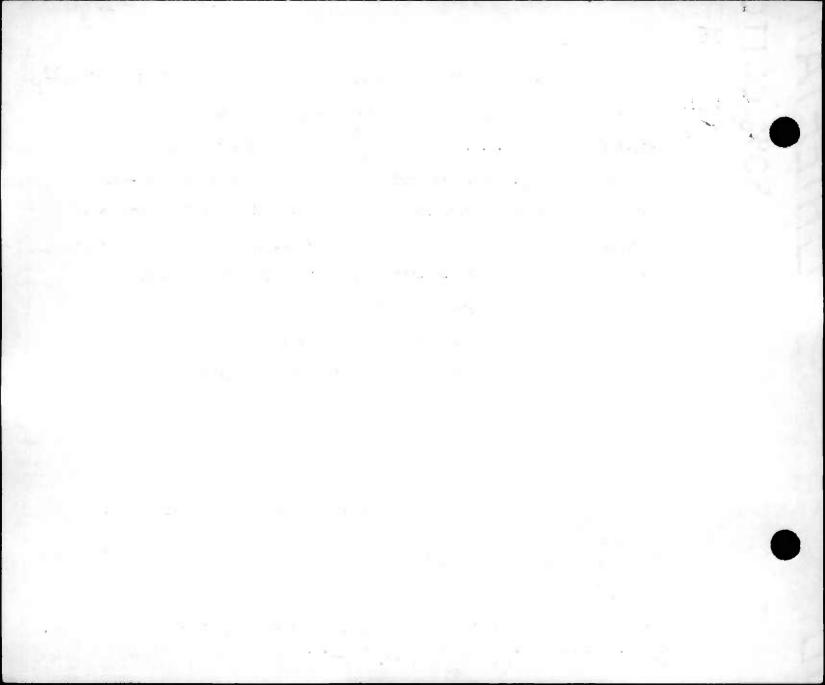
DEPARTMENT OF CERTIFICATE OF DEATH

IE UF MAKTLAND	in 1	7
HEALTH AND MENTAL HYGIENE		O
DICATE OF DEATH		

	REGISTRAR FRE	PDEKTCK	LOUIS	VOLT	4614111	ICAIL OI	DEATH		REG	. NO.			
	CEASED NAME	FIRST	A	AIDDLE	1.	AST		20 D	ATE OF DEATH	H MONTH	DAY YEAR	2b HO	UR O
(,,,,	E OR PRINT)	FREDE	ERICK	LOUIS	V	OIT		1		8-	18-84	16=	DM
3. SE	X		4 RACE		5. DATE C			6 AC	E (IN YEARS LAS	I BIRTHDAY)	MONTHS DAY		R 74 IRS
1	Male		White		MONTH		- 03	1	81	YRS		, HOURS	MilN.
	IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF \	WHAT COUNTRY	8	- LX NEVE	R MARRIED -	9 BA	LTIMORE CIT	Y OR COUN	TY OF DEATH		
	Maryland		U.S.	Α.	WIDOWE		DIVORCED	Ва	altimor	e City	r		MD.
10. C	ITY OR TOWN OF DE	ATH	11. NAME OF H	OSPITAL, NURSI	NG HOME C	R OTHER IN	STITUTION		JSUAL OCCUP			OF BUSIN	IESS OR
В	altimore			es Hospi				,			t-Steel		ngine
	IAL RESIDENCE (IF NUR	131 COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFOR	RE ADMISSION)	13d INSIDE	CITY LIMITS?		TREET ADDRES				
	Maryland		imore	Catonsv		YES 🗌	NO [X	32	20 Stra	tford	Road	2122	8
14. E.	ATHER'S NAME		AIDDLE	LAST		15. MOTHE	R'S MAIDEN NA	ME	MIDDL	F		IAST	
	Leopold			Voit			Wilhelm	men:				choen	
	WAS DECEASED EVEL		AED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFOR	MANT		AD	DRESS		0	
	No	(" 125, 5112		215-01-	7730	Gert	rude Voi	it	Same	as # 1	.3		
	IL CAUSE OF DEA	TH (Enter onl	y one cause per	line for (a), (b), a	nd (c)						BETWEE	DXIMATE INT	ERVAL ID DEATH
	PART I. DEATH V		DBY: E CAUSE (a)	BRAIN	ANO.	KIA							
	1		DUE TO OF	R AS A CONSEQU	JENCE OF								
	Conditions, if any		(b)	RESPIR		RY A	RREST						
	gove rise to im		DUE TO, OF	R AS A CONSEQU	JENCE OF	/							
	underlying caus	e lost	(c)	METAS	TATI	C Ac	derocas	cci	20me		-		
_	PART 2 OTHER SIG	NIFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TERM	AINAL I	DISEASE OR C	ONDITION G	IVEN IN PART	10	
CERTIFICATION													
ICA ICA	19a DATE OF OPERA	ATION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PER	ORMED	20	a AUTOPSY?	IN CERT	res, were find Tifying causi	SINGS USI	ED ATH?
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	OR CONTRIBUTING		11 HOUR A.		AY YEAR	ZIE. HOW	INJURY OCCUR	KED (	ENTER NATURE OF	INJURY IN ITEM II	8 PART I OR PART 2		
MEDICAL	LIF EITHER, NOTIFY MEE				19		TION						
MED	21d INJURY OCCUP	KKED	(AT HOME STR	DE INJURY EET FACTORY, OFFICE	FARM ETC )	211 LOCA	EET		CITYC	OR TOWN	COUNTY		STATE
	AT WORK AT WE	ORK -				2/11	- 04			118	PU		
	220 I certify that		ol) ottended the	e deceased from	14	nd that in (p	19 19 19 19 19 19 19 19 19 19 19 19 19 1	death	oo	data and b	au and Irom th	. thot	(we) lost
	above, W (we)	(did) (did not	view the body	after death		DE GREE	7) (001) Opinion	GCOIII	occorred on m	ie date and in		JE SIGNED	
	The SIGNATURE	DO CTO		ND		DEGREE	ATTENDING _			STAFF ~	107	10/5	0
-	224 PHYSICIAN IN	IAME ITHE DE	( epoint)			22e ADDF	PHYSICIAN L	DIR	ECTOR   PH	YSICIANI	-10/1	0/0	
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22	H- 6	יטייטיי	1996 DAYE	In	NAME OF C	QO TITO	R CREMATORY	7/01	d LOCATION	Bur C	MUK F	-	
730	BURIAL, CREMATION (SPECIFY) Burial	, REMOVAL	23b. DATE 8/22					1	CITY OR TOW		COUNTY	M	STATE
24. F							Cemetery . 1250 DAI		Baltim  'D. BY REGISTE		ISTRAR'S SIGN		d
Le 16	TOYAM & R	ussell	. C. Wit	zke Fune	ral Ho	omes P	.A.	10	0 4 400	1 Spelia	Davidson	w .	4.00
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PITA	ERA Stot	Z-
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 million retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1/and 2 should be filled within 72 thain after with the State Deat, of Health and Mental Hyaiene prior to burial, cremation, ar removal.	IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, or other traumatic event, the medical examiner must be partitled and the medical examiner must
9	Short 3	¥-1

#### STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- 1		REGISTRAR				CERTIF	ICATE OF DEATH		RE	G. NO.				
1		EASED NAME	FIRST		WIDDLE	l.	AST		20 DATE OF DEA		TH DAY	YEAR	2b HC	OUR
1	(14bF	OR PRINT)	Harry	F	almer	Vo	olk .		Äugust	15,	1984		8:	30 A M
	3. SEX	(		4 RACE		5. DATE C			& AGE (IN YEARS L	AST BIRTHDAY		JNDER 1 YEAR		ER 24 HRS
		Male		White		Nove	ember 16,19		75		YRS.	THS DAYS	HOURS	MIN.
d		RTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTI	RY? 8	NEVER MARRIE		9 BALTIMORE CI	TY OR CO	UNTY OF	DEATH		
9		Marylan	nd	USA		WIDOWE			City			_		MD.
0	10 CI	ry or town o Baltime		(IF NOT IN SUC	HOSPITAL, NUR THEACHITY, GIVE STI LAYFI e LO	REET ADDRESS)	OR OTHER INSTITUTION		170. USUAL OCCU LIYPE OF WORK FOR A Ret. Rai	NOST OF WOR	KING LIFE)			NESS OR
5	USUA 130. S	IL RESIDENCE IN TATE Md.	13b COUN		GIVE RESIDENCE BE 13c. CITY OR TO Balti	OWN	13d. INSIDE CITY LIMI YES 🔀 NO 🗌		13e STREET ADDR 2864 Ma			2/2 enue	13	
G	14 FA	THER'S NAME FIRST Lawren		AIDDLE VC	olk LAST		15. MOTHER'S MAIDE	NAN	ME	DLE		LA	151	
		AS DECEASED	EVER IN U.S. ARA	MED FORCES?	16b. SOCIAL SI	ECURITY NO.	17 INFORMANT		A	DDRESS				
	14	yes	WW 2		214-07-	-5708	Mr. David	A.	Volk	Sa	me			
	NO	Conditions, if gove rise to couse (a), underlying	ony, which immediate stating the couse last.	DUE TO, O  DUE TO, O  DUE TO, O  (b)	RAS A CONSE	ouence of ouence of ouence of	3 millations  Tart disease  NOT RELATED TO THE		INAL DISEASE OR	CONDITIC	DN GIVEN		XIMATE IN	ND DEATH
7	CERTIFICATION	190 DATE OF OI	PERATION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN		/ERE FINDI		ATH?
1	MEDICAL CERT	OR CONTRIBUTING	AS UNDERLYING	In .	DF INJURY M. MONTH M.	DAY YEAR	ZIE HOW INJURY O	CCURR					110	
	MED	214 INJURY OC	CCURRED	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFI	ICE FARM ETC )	ZII LOCATION STREET	er. A	CITA	OR TOWN		COUNTY		STATE
		sow the de obove, (I) ( 22b. SIGNATUR	2.00	view the body	3	9 <u>84</u> . or	d that in my (our) of DEGREE	ING	MEDICAL	STAFF		22c DATE	e couses E SIGNE	D
			rs NAME (TYPE OF	PRINT			PHYSICI 270 ADDRESS/SC 3900 LOCA	IAN _	DIRECTOR PI	HYSICIAN		mi	210	
_			ION, REMOVAL	23b. DATE	2	31 NAME OF C	EMETERY OR CREMAT	ORY	23d. LOCATION					
	- (	Cromat	ion	7110 2/	7004	Montani	a. Momani-	7	Catons	Ville	e Baï	CO.	Md.	STATE

DHMH - 16 50M 4/83

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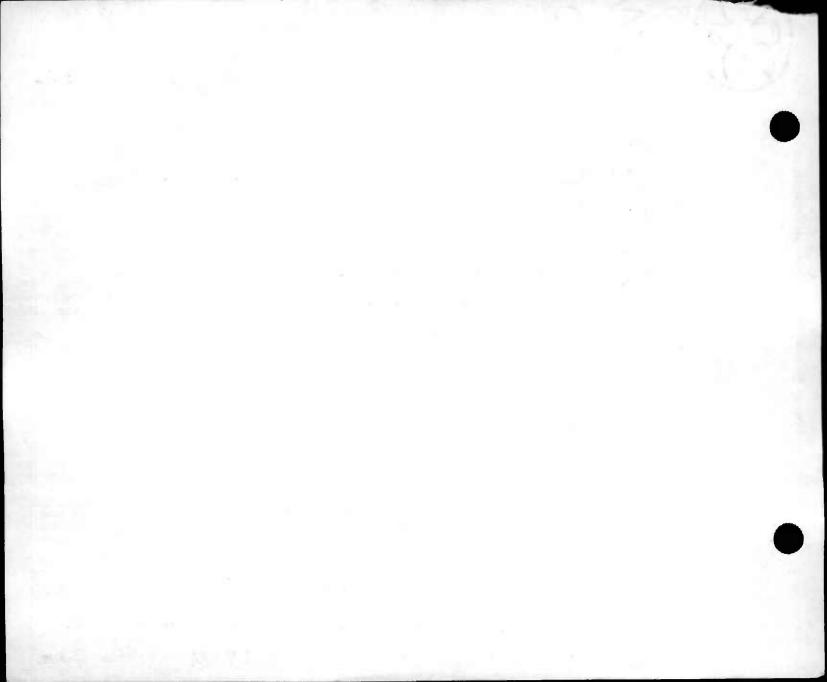
Cremation Aug.20,1984 Westview Memo (VRA 15, 4)

Aug.20,1984 Westview Memorial Catonsville

25a DATE REC'D.

BY REGISTRAR 256 BEGISTRAR'S SIGNATURE
7 1001 Julia Davidson-Randelle

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requires that the death certificate be executed within 24 hours ofter death. Pag

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital or ottending physician.

_		FOR
1	-	STATE
		REGISTRAR

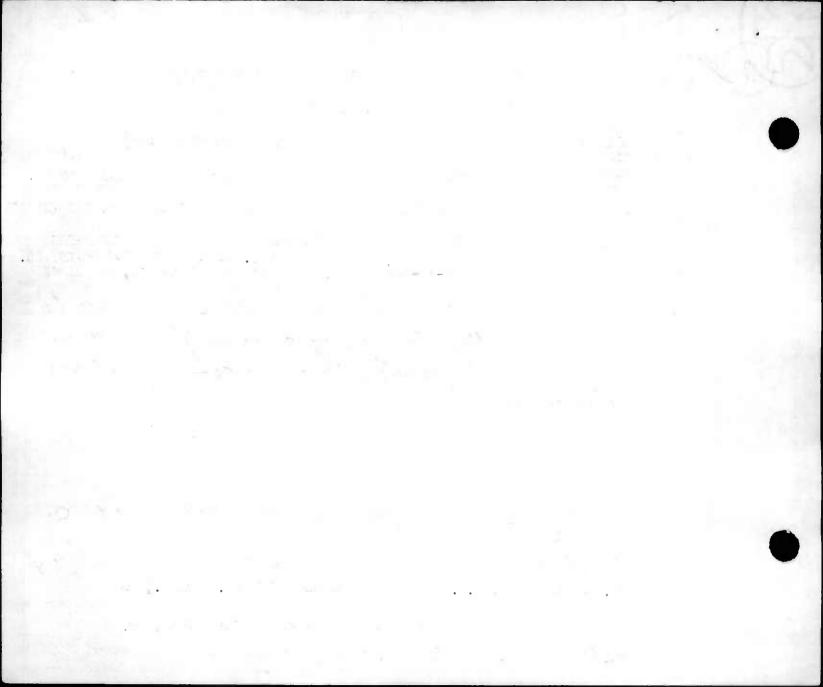
### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIENE CERTIFICATE OF DEATH

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							TV.	EG. NO.			
	I. DECEASED NAM	E FIRST	M	IDDIE	17	AST	20. DATE OF DEA	ATH MONTH	DAY YEAR	2b. HC	OUR
	TYPE OR PRINT)	FRAN	ICES		VO	LKIN	AUGUST :	7,1984		7:4	48 F
	3. SEX		4 RACE		5. DATE O		6 AGE (IN YEARS)	LAST BIRTHDAY	IF UNDER 1 YE		OFR 74 HE
	FEMAI	E	WHITE		DEC	. 8,1907 YEAR	76	YRS.	MONTHS: DA	S HOURS	S MI
	To. BIRTHPLACE	STATE OR FOREIGN		VHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE	ITY OR COUNT	Y OF DEATH		
35	MARYI			SA	WIDOWE	D DIVORCED X		MORE CIT			
12	BALTIMO	RE	SINAI	HOSPITA	L L	OR OTHER INSTITUTION	120 USUAL OCC ETYPE OF WORK FOR CLERK	UPATION MOST OF WORKING I	126 KINI INDUST STAT	OF BUSI	
35	USUAL RESIDENCE 130. STATE MARY LAND	13b. COU		GIVE RESIDENCE BEFORE 13(, CITY OR TOWN BALT IMO	N 1	13d. INSIDE CITY LIMITS?	13e STREET ADDI 3900 FOI	ress / zip coe RDS LANE	E APT.	103	(21
00	V LOL		MIDDLE	VOLKIN		15 MOTHER'S MAIDEN NA REBECCA	WIE	3100		NBER	
1	(YES, NO OR UNKN		RMED FORCES?	16b SOCIAL SECU 218-18-		MRS. BETTY	PT. 285 : AXELROD	5024° STE COLUMBI		ORES 210	
Ě	Conditions,	if any which		AS A GONSEQUE		///-		11		11	-
ny injury, or other tro	couse (o) underlying	to immediate stating the cause lost.  RESIGNIFICANT  TYPE	DUE TO, OR  (c)  CONDITIONS CO	RIONSEQUE NERROLLING TO D	DEATH BUT	Hereto NOT RELATED TO THE TERM	LINE DISEASE OR				1
ows ony injury, or other fro	couse (o) underlying	to immediate stating the cause lost.	DUE TO, OR  (c)  CONDITIONS CO	RIONSEQUE NERROLLING TO D	DEATH BUT	Hecuto	200 AUTOPSY	2 20h IF YE	VEN IN PART	DINGS US	ATH?
r nem 18 snows ony injury, or other fro	NO PART 2 OTH Underlying PART 2 OTH PART 2 O	to immediate stating the cause lost.  PRISIGNIFICANT  OPERATION  WAS UNDERLYING  ING  CAUSE OF DID CAUSE OF D	DUE TO, OR  (c)  CONDITIONS CO  PERSON  19b. CONDIT  19b. CONDIT  HOUR AA  P.A	NTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED  21c HOW INJURY OCCUR	200 AUTOPSY	20h IF YE	ES, WERE FIN IFYING CAUS	DINGS US SES OF DE NO	ATH?
rked or Item 18 shows ony injury, or other fro	PART 2. OTH PART 2. OTH PART 2. OTH PART 3. OTH PART 3	TO immediate stating the cause lost.  ERSIGNIFICANT  OPERATION  WAS UNDERLYING [ ING [ ING [ ING MEDICAL EXAMINIO]  OCCURRED  NOT WHILE [ ING MEDICAL EXAMINIO]	DUE TO, OR  (c)  (c)  (c)  (d)  (d)  (e)  (e)  (e)  (f)  (f)  (f)  (f)  (f	NTRIBUTING TO D	DEATH BUT  OPERATION  AY YEAR  19	Heat NOT RELATED TO THE TERM	200 AUTOPSY YES NO	20h IF YE	ES, WERE FIN IFYING CAUS	DINGS US SES OF DE NO	ATH?
Them 21 is morked or frem 18 shows ony injury, at other fro	PART 2 OTH  PART 2 OTH  19a DATE OF  21a ACCIDENT  OR CONTRIBUIL  (IF ETIMER, NC  21d INJURY  AT WORK  22a I certify  sow the	To immediate stating the cause lost.  ERSIGNIFICANT  OPERATION  WAS UNDERLYING [ ING CAUSE OF DITHY MEDICAL EXAMINION  NOT WHILE AT WORK  That II his hosy deceosed of jury of deceosed of jury of the cause of b) [(we) (did) (did in the cause)]	DUE TO, OR  (c)  (c)  (c)  (d)  (d)  (e)  (e)  (e)  (f)  (f)  (f)  (f)  (f	INTRIBUTING TO E FINJURY A. MONTH DA A. DE INJURY EL FACTORY OFFICE, F.	OPERATION  AY YEAR  19  ARM EIC)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR  211 LOCATION STREET  19 78  Ind that in (my) our) apinion  DEGREE	20a AUTOPSY YES NO RED (ENIFR NATURE (	20b IF YOU IN CERT YOU IN THEM IS	ES, WERE FINITE IFYING CAUSTES TO PART LOR PART COUNTY	DINGS US ES OF DE NO	STATE  State  state
IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other tro	PART 2 OTH  PART 3 OTH  PART 2 OTH  PART 2 OTH  PART 2 OTH  PART 3 OTH  PART 2 OTH  PART 3 OTH  PART 2 OTH  PART 3 OTH  PART 3 OTH  PART 4 OTH  PART 4 OTH  PART 4 OTH  PART 5 OTH  PART 5 OTH  PART 5 OTH  PART 2 OTH  PART 2 OTH  PART 2 OTH  PART 5 OTH  PART 2 OTH  PART 2 OTH  PART 2 OTH  PART 3 OTH  PART 2 OTH  PART 4 OTH  PART 4 OTH  PART 5	TO immediate stating the cause lost.  RESIGNIFICANT  POPERATION  WAS UNDERLYING [ING CAUSE OF DID INSTERDICAL EXAMINITY OF CAUSE	DUE TO, OR  (c)  (c)  (c)  (c)  (d)  (d)  (d)  (e)  (e)  (e)  (e)  (e	FINJURY  A. MONTH DA  SFINJURY  Edeceosed from  other death.	OPERATION  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR  211 LOCATION STREET  214 that in (my) our) opinion	200 AUTOPSY YES NC RED (ENIFR NATURE)  CIT  deoth occurred on  NEOTCAL DIRECTOR P	20b IF YI IN CERT YOF INJURY IN ITEM 18 YOR TOWN  the dote and had  STAFF PHYSICIAN  BALTO • ,	ES, WERE FIN IFYING CAUS (ES   PART I OR PART  COUNTY  19 9 9  221. DA  MD	DINGS US. ES OF DE NO 2)	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

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ond completely filled in by the funeral director, p ages 1, and 2 should be filed within 72 hours after

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the

within 24 hours

requires that the death certificate be

10 HOSPITAL OR ATTENDING PHYSICIAN: The law eroined by the hospital or ottending physician.

TO HOSPITAL

must be figrified at pace.

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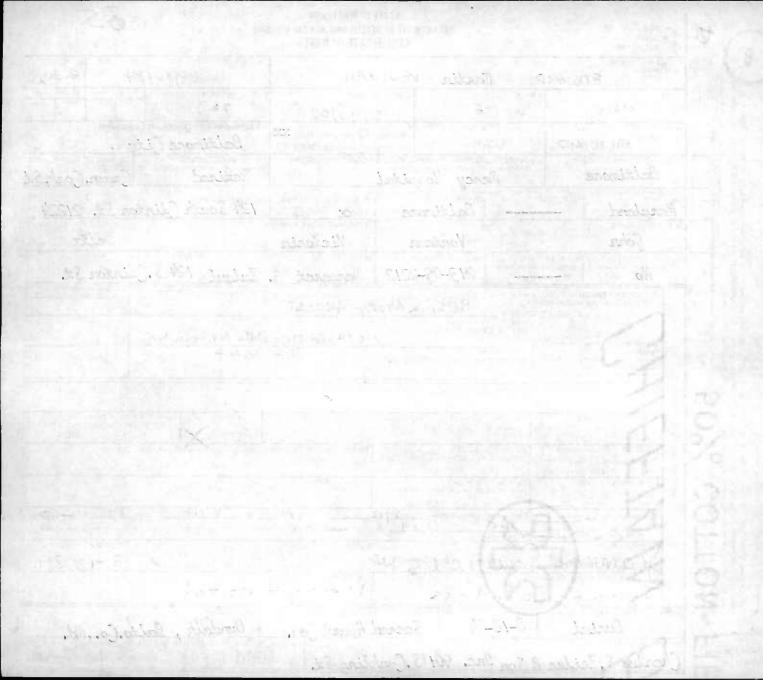
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	
		CEASED NAME FIR	ST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	(TYPE	OR PRINT) EDW	ARD 1	Partin VONT	RAN	08/15/2	84 9:30 <sub>1 M</sub>
g	3. SEX		4. RACE	- 401		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
		MALE	WHIT	1	0/08/07	YRS.	
1		RTHPLACE   STATE OR FOREIC		WHAT COUNTRY? 8. MARR	ED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
2		JALTO, MI		WIDOV	VED DIVORCED	Baltimore (i	ty MD.
1		Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING HOME H FACILITY, GIVE STREET ADDRESS) PRCY HOSPITA	L	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR INDUSTRY  NOWN, CONK, SL
5	13e, S		OME OR OTHER INSTITUTION COUNTY	give résidence beforé admission 130. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS?		ton St. 21224
0	14. FA	THER'S NAME	WIDDLE	Vontran.	15. MOTHER'S MAIDEN NA	WE	Deltz
		VAS DECEASED EVER IN U	I.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
	11	ES. NOOR UNKNOWN)		213-05-2212	Margaret A	. Zulauf 124 S.	
1		18 CAUSE OF DEATH (E					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			AEDIATE CAUSE (0)	RESPIRATI	ory Arrest		
			DUE TO, OI	R AS A CONSEQUENCE OF	METASTA DA	Beanichean	
		Conditions, if any, wh			METHIC	BRONCHGENK	•
		cause (a), stating underlying cause to	the DUE TO, OI	R AS A CONSEQUENCE OF	Office	CINDMIT	
			(c)	CALLED TO DE LETTER	17.107.051.1750.70.715		
	NO	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CC	DINTRIBUTING TO DEATH BO	INOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART TO
5	CERTIFICATION	198. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERATI	ON WAS PERFORMED		S, WERE FINDINGS USED
-	RTIF					YES NO YE	5 NO NO
7		216, ACCIDENT WAS UNDERLY	110110 4	FINJURY M. MONTH DAY YEA		RED (ENTER NATURE OF INJURY IN ITEM 18 P	'ART 1 OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICALE)	(AMINER) P.				
	MED	21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220   certify that (this		e deceased from VI	12 10 84		19 84 thornt (xeDiost
		sow the deceased of	live on 8/15	19.84		death occurred on the date and hou	, mor the (Repress)
		obove (I) (did)	did not view the body	ofter death.	DEGREE		226. DATE SIGNED
		MAMMIN	we Soul	modern W	ATTENDING PHYSICIAN [	MEDICAL STAFF	8-10-84
		22 PHYSICIAN'S NAME	(TYPE OR PRINT)	31100081	22e. ADDRESS	_ DIRECTOR PHISICIAN L	12 (3 0 1
		Jeanin	a Sound	ders	Mercy 1	daspital	
		SURIAL, CREMATION, REM	OVAL 236. DATE	01	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
		Burial	8-18-	04 Sacre	ed Heart Cem.	Dundalk, Bal	to.Co. Md.
		INERAL DIRECTOR		7 ARORESS C C		TE REC'D. BY REGISTRAR 256. REGIST	A Davidson Hands
	h	arles S. Lei	ler & Son J	Inc. 901 S. Cor	rkling St.	AUG 1 7 1984	The same of the sa

DHMH - 16 50M 4/82 (VRA 15, 4)

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	TO HOSPITAL OR ATTENDING PRYSECIAN. The law requires that the death certificate by executed within 24 hours after death retained by the hospital or attending physician.	TO FUNERAL DIRECTOR, After the certificate has been upoed by the attending physician and completely falled in by the funeral should be detached for use in the fundational permit. Then please temore carbon appears, Pages 1 and 2 thould be filled within 72 with the State Dept of Heoliff and Mental Physicia prior to build, cremation, or remaind.	IMPORTANT: If hem 21 is marked at them. It allows any injury, or other traumatic event, the medical common made dath

# STATE OF MARYLAND FOR STATE REGISTRAR

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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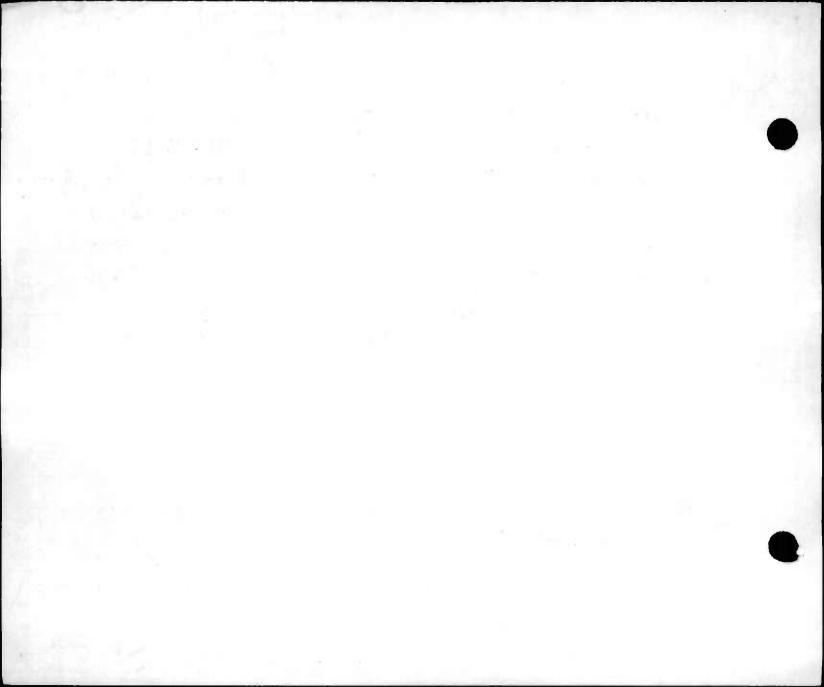
					KEG F	10.				
	DECEMBED I MAILE	IRST /	NOOLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26	HOUR		
	(TYPE OR PRINT) CHARL	ES	WA	DE	AUG	UST 17.	1984 8	:05a M		
	3. SEX	4 RACE		TE OF BIRTH	& AGE (IN YEARS LAST BE	RTHOAY) IF U		UNOER 24 HRS		
	Male	White		4/13/21	63	YRS.	DATS TO	MIL		
	70. BIRTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF	WHAT COUNTRY?	RRIED 🔀 NEVER MARRIE	9 BALTIMORE CITY	OR COUNTY OF	DEATH			
	Pennsylvan:		. WIDO	DWED DIVORCE	BALTIM	ORE CITY	/	MD.		
2	10. CITY OR TOWN OF DEATH			ME OR OTHER INSTITUTIO	12a USUAL OCCUPAT		126 KIND OF B	USINESS OR		
/	BALTIMORE	- Contract of the Contract of	CAL CENTER E		Salesman		Real E	state		
	USUAL RESIDENCE (# NURS NO 130 STATE	COUNTY	GIVE RESIDENCE BEFORE ADMISS	(I) 13d INSIDE CITY LIM	ITS? 136 STREET ADDRESS	/ ZIP CODE				
Ł	Md.	HIH	Edgewater	YES NO	221 Monro	e Ave. 2	1037			
ı,	14 FATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDI	EN NAME MIDDLE		LAST			
Q	Charles		Wade	Leona			iner			
П	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES?  IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY N		ADDR	ESS				
	Yes	WWII	128 12 1091	Mrs. Hele	en S. Wade	- Same a	s #13			
- [	18 CAUSE OF DEATH (I	Enter anly one couse per	the far (a), (b), and (c).)	1			APPROXIMAT BETWEEN ONS	TE INTERVAL ET AND DEATH		
		MEDIATE CAUSE (a)	ardiopi	yl monar	y 011027					
		Conditions, if any, which (b) PETO, ORAS CONSTQUENCE OF THE CONTRACTOR OF MAXILLA								
	Canditions, if any, w									
	cause (a), stating		AS A CONSEQUENCE C	)F						
		(c)								
		CANT CONDITIONS CO	INTRIBUTING TO DEATH	BUT NOT RELATED TO THE	E TERMINAL DISEASE OR COM	1DITION GIVEN	IN PART 110			
5	190 DATE OF OPERATIO	N 119 CONDI	TION FOR WHICH OPERA	ATION WAS PERFORMED	200 AUTOPSY?	120h JE YES W	ERE FINDINGS	SLISED		
1	H					IN CERTIFYIN	G CAUSES OF	DEATH?		
2	210. ACCIDENT WAS UNDERL	YING 7 21b. TIME O	F INJURY	71c HOW INJURY O	YES NO	YES _		ио 🗌		
1		SE OF DEATH HOUR A.	M. MONTH DAY YE	AR	(Edition of the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	On the state of			
	OR CONTRIBUTING CAU-			21f LOCATION						
	MALIE NOI MHILE	(AT HOME STR	EET, FACTORY, OFFICE, FARM, ETC		CITY OR 1	JWK	(OUNIY	STATE		
	220   certify that Xi) (th	is hospital) otto ded the	decoded from July	4 11.	84 to August	17 10	84tho	XII (we) lost		
	deceored of	alive on August	17 19 84		pinion death accurred on the c					
	27h ElGNATURE	(dXXX) new the body	ofter death.	DEGREE			22c, DATE SIG	SNED/		
,		· 1/1/	MIN	MATTEND PHYSIC			18/1	7/84		
_	224 PHYSION NIS	E (TYPE THE MENT)	WA A	72e ADDRESS			7	424		
	14. H	ntos	1710	3900 Loch	Raven Blud. B	altimore	2, MD 2	1218		
	23a BURIAL, CREMATION, REA	MOVAL 236 DATE	23c NAME (	OF CEMETERY OR CREMA	TORY 23d LOCATION	***	DUNTY	STATE		
	Removal	8/17,	/84		CITORIOWN		JUNIT	STATE		
	24 FUNERAL DIRECTOR			2:	o. DATE REC'D. BY REGISTRAL	136, REGISTRAF	'S SIGNALUR	1.00		

DHMH - 16 50M 4/83 (VRA 15, 4)

Anatomy Board

Balto., Md.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove corbanapapers-Pages hand, around be fined within with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

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(VRA 15, 4)

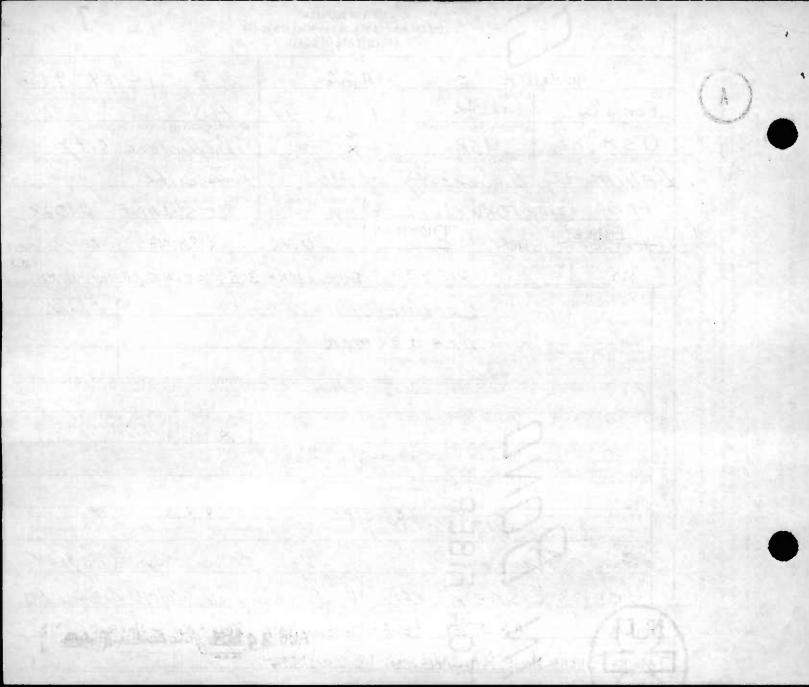
IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other troumatic event, the

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STATE OF MARYLAND	0 1	1
ARTMENT OF HEALTH AND MENTAL HYGIENE	6.10 P	
CERTIFICATE OF DEATH	DEC NO	

o

1-	FOR STATE REGISTRAR		IEALTH AND MENTAL HYGI ICATE OF DEATH	ENE*				
1. DE	CEASED NAME FIRST	MIDDLE L	AST		ONTH DAY YEAR	125 HOUR		
	ORPRINT) WAND	A F WA	166	8	1984	9:15A		
3. SE	X A 4	RACE 5. DATE C		6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.		
2	-emale	white month	6 44	40	YRS.	HOURS MIN.		
7a. BI	RTHPLACE   STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	1.		
1	15 A, M.O.	USA WIDOWE		BAHIN	none Ci	MD.		
10 CI	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPATIO		OF BUSINESS OR		
54	Altemora	Inversity of	190.	Housewi	te			
130 5	STATE 136 COUNTY	FORD Chuschville	13d. INSIDE CITY LIMITS? YES MO 🗌	30.5W	ZIP CODE LANE =	21028		
19. FA	THER'S NAME CEY MID	THOMPSON DER GREEC	15 MOTHER'S MAIDEN NAM	V AIDDIE	N/A	asi Cartana		
160 V		D FORCES? 166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRES	S	0600		
0	YES, NO OR UNKNOWN)     I IF YES, GIVE W	101-1100113	FAMES W. WAGE.	305 WEST LA				
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED E		Herrista		BETWEET 2	XIMATE INTERVAL ONSET AND DEATH		
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)						
NO	PART 2 OTHER SIGNIFICANT COL	nditions <u>contributing to death</u> but	NOT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN IN PART	10		
TIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)		
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)			
MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR FOW	N COUNTY	STATE		
	AT WORK AT WORK			8 /	541			
	220.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not) v	8/19 19 84 01	nd that in (my) (our) opinion d	eoth occurred on the dot	e ond hour and from the	, that (I) (we) last e couses stated		
	Skary FI	nes	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	1 8/	E SIGNED		
	Henry E.	sner, MD.	DivolVeuro S	usun Class-c	JMD BAHN	ou HO.		
23o E	BURIAL, CREMATION REMOVAL		EMETERY OR CREMATORY	23 LOCATION	COUNTY	STATE		
	BURIAN	AUL. 22, 1984 BELAIR	MEMOLINA SENS.	Brown A.R.	MARFORD.	MD.		
24 FI	UNERAL DIRECTOR	ADDRESS	MODO	4 CHEST STATE	Anniagon - Marie	ASSER!		
Ti	ARRING FUNERAL HOI	ME, P.A., ABERDEEN, N	10.21001-3399	- 1000		-		



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the ottending physician

should be detached for use as the burial-transit permit. Then please remove corbon-papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has been signed by attending physicio PHYSICIAN

OR ATTENDING

HOSPITAL

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IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other troumatic event, the

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE ...

1	- STATE REGISTRAR			DEI ARTI		ICATE OF DEATH	REG.	NO.			
	DECEASED NAME	NAME FIRST MIDDLE LAST		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR			
(,	THE ORPRINT)	DOLLY		М.	1	WAGNER	AUGUST	\$,18	1984	10: X4.5P	
3. 5			ACE		5. DATE O		6 AGE (IN YEARS LAST	BIRTHDAY	MONTHS DAYS	# UNDER 24 HRS	
	Female		White	9	May	13, 1925	59	YRS		MIN.	
7a.	BIRTHPLACE (STATE (	OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIET	NEVER MARKIED	9. BALTIMORE CITY	OR COUN	TY OF DEATH		
C	ovington	, Va.	U.S.A	A .	WIDOWE		Balti	more	City_	MD.	
	CITY OR TOWN OF D			HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUPA			OF BUSINESS OR	
	Baltimor	e /			Hosp	ital	Homemak		Own	Home	
130	ual residence (# N ) State Md .	JRSING HOUSE TISE COUNTY Baltin		GIVE RESIDENCE BEFORE 134 CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS?	13. STREET ADDRES. 2519 So.	s/zipco Mar	oe ine Ave	21219	
14.	FATHER'S NAME	MIDI	N. F	TAST		15 MOTHER'S MAIDEN NA	ME		LAS	S.T.	
1	Fred			Nicely	Nicely Naomi		Smith				
160	WAS DECEASED EV	IN U.S. ARMEI	AR OR DATES)	213-26-		LeRoy Nice		-	. Point ore, Mo		
	18 CAUSE OF DE PART I. DEATH	ATH (Enter only of WAS CAUSED B IMMEDIATE C	Υ:	line for (a), (b), an SEPS I					APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH	
	Conditions, if o		DUE TO, O	OESOPH?	NCE OF	RUPTUKRE		N			
	gove rise to immediate couse (a), stating the underlying cause last.  (c)										
1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To										
	ADU:			DRY DIST		SYNDROME I	LEFT EMPY		YES, WERE FINDI	MOS HEED	
CERTIFICATION	JULY	7,1984		SOPHAGE			YES NO X	IN CER	TIFYING CAUSES		
		CAUSE OF DEATH		M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF IT	UJURY IN ITEM !	B PART 1 OR PART 2)		
EDICAL	21d INJURY OCC	ITHER, NOTIFY MEDICAL EXAMINER) P.M.  NJURY OCCURRED 21e, PLACE OF INJURY		19	211 LOCATION	CITY OR	LOWN	n (Ouniy State			

NOT WHILE WHILE

george

JULY 228.1 certify that (1) (this hospital) attended the deceased from sow the deceased plive on AUGUST 7 19 84

AUGUST

sow the deceased plive on AUGUST obove, (1) (we) (did add not) view the body after death SIGNATURE

22e ADDRESS

100

MEDICAL STAFF DIRECTOR PHYSICIAN CHURCH HOSPITAL

(our) ppinion death accurred on the date and hour and from the causes stated

BALTIM

22: DATE SIGNED CORPORATION

MD

21230

230 BURIAL, CREMATION, REMOVAL Burial

236 DATE 8/10/84

THOMAS, MD.

WE OF PERCH

23c. NAME OF TEMETERY OR CREMATORY Pleasant Ch.

DEGREE

23d LOCATION

BROADWAY,

Ch. Covington Alleghany V

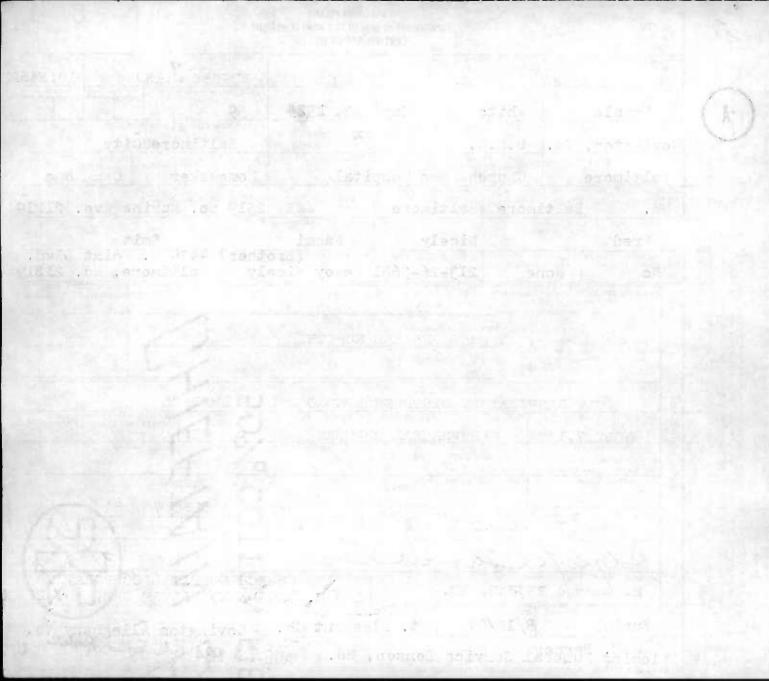
250. Date RECD. BY REGISTRAR IN PEGISTRAR SIGN RANGE

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DHMH - 16 50M 4/83 (VRA 15, 4)

Fleming Funeral Service Benson, Md.



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OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

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retained by the haspital or attending physician

FOR - STATE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH

REG.	NO.	

CITIZEN OF WHAT COUNTRY?  MARR WIDOV  NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION  13c. CITY OR TOWN	NED NEVER MARRIED DIVORCED DIVORCED COR OTHER INSTITUTION	20 DATE OF DEATH MONTH  8  6. AGE (IN YEARS LAST BIRTHDAY)  9 BALTIMORE CITY OR COUNT  Baltimore CITY OR COUNT  1720 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I  Retired  13e STREET ADDRESS / ZIP COD  1927 N Fultor	176 KIND OF BUSINESS OF INDUSTRY
CITIZEN OF WHAT COUNTRY?  CITIZEN OF WHAT COUNTRY?  MARR WIDOV  NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION  Balto. Cit	OF BIRTH  VIA  DAY  VEAR  VEAR  NEVER MARRIED  DIVORCED  OR OTHER INSTITUTION  13d INSIDE CITY LIMITS?  YES NO	6. AGE (INYEARS LAST BRITHDAY)  GB YRS  9 BALTIMORE CITY OR COUNT  BALTIMORE CITY OR COUNT  BALTIMORE CITY OR COUNT  IZE USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING I  Retired  IZE STREET ADDRESS / ZIP COD	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
CITIZEN OF WHAT COUNTRY? & MARR WIDOV  NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  HER INSTITUTION, CIVE RESIDENCE BEFORE ADMISSION Balto, Cit	DAY YEAR  2 1 2 5  IED MEVER MARRIED DIVORCED DIVORCED TO THER INSTITUTION  13d INSIDE CITY LIMITS?  YES NO	9 BALTIMORE CITY OR COUNT Baltimore 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I Retired  13e STREET ADDRESS / ZIP COD	Y OF DEATH  128 KIND OF BUSINESS O INDUSTRY  DE 2/2//
MARR WIDOW  I. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION  13c. CITY OR TOWN  Balto. Cit	DIVORCED DIV	IZA USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I Retired  13e STREET ADDRESS / ZIP COD	126 KIND OF BUSINESS CO
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION  (13c. CITY OR TOWN  Balto. Cit	13d Inside City Limits?	Retired  13e STREET ADDRESS / ZIP COD	126 KIND OF BUSINESS CONTRY  DE 2/2/7
Balto. Cit	13d INSIDE CITY LIMITS?		
DIE TAST	115. MOTHER'S MAIDEN NAM	1 2	n Ave.
710	Lillian	MIDDLE	Vells
TAR OR DATES) 219-28-3519	Martha Aye	rs 1602 Round	hill Td.
DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  NOTITIONS CONTRIBUTING TO DEATH BUT	T drust  Ti Saccom		IVEN IN PART 110
19% CONDITION FOR WHICH OPERATI		200 AUTOPSY? 206 IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \( \) NO \( \)
21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 19 21e. PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	R	RED {ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2)  COUNTY STATE
oftended the deceased from 1984, iew the body after death.	ond that in (my) (our) opinion of	, to	, 19 4, that (I) (we) lo our and from the couses stated 22c. DATE SIGNED
R <sub>RNI)</sub>			146/34
	us Mem. Park	Balto. Md.	COUNTY STATE
	236. DATE 23c NAME OF	236. DATE 23c NAME OF CEMETERY OR CREMATORY  8/11/84 Arbutus Mem. Park	236. DATE 236 NAME OF CEMETERY OF CREMATORY 23d LOCATION CITY OF TOWN

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the turneral directs should be detached for use as the buriol-troasit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours et with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

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requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and coshould be detached for use as the buriol-transit permit. Then please refine a contemperative much the State Dept. of Health and Mental Hygiene prior to buriol, cremation or removal IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event. The medical

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

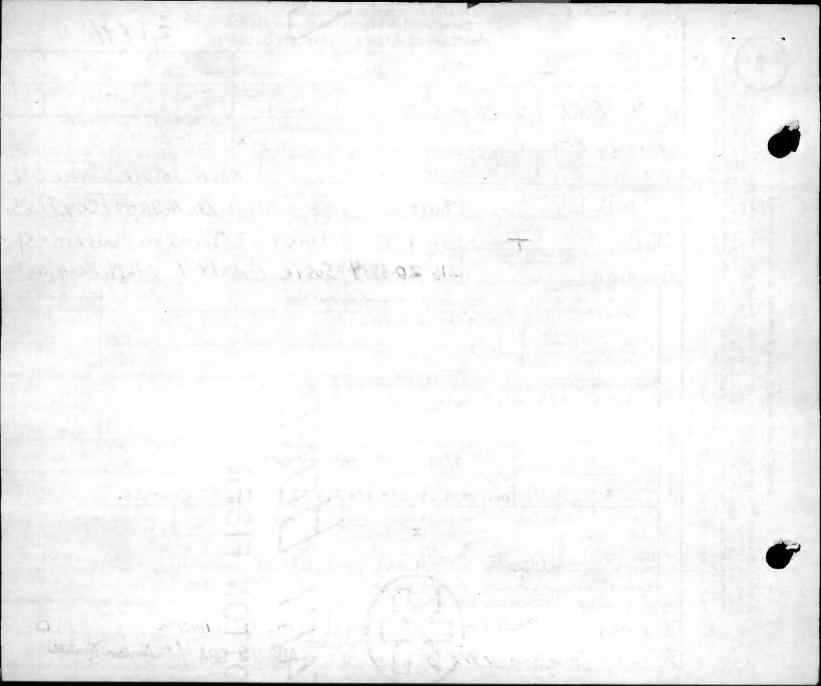
1.	STATE REGISTRAR			OLI ARTI	CERTIF	ICATE OF	DEATH		REG. N	IO.			
	CEASED NAME	FIRST	۸	AIDDLE	1	AST		20 DATE O	FDEATH	MONTH [	DAY YEAR	26 HC	OUR
(TYPE	OR PRINT)	Aron		L.	V	valker				Ang 2	4 84	1	5 PM
3. SE	X	4. R	ACE		5. DATE C		hd 4 B	6. AGE (IN	YEARS LAST BI		AONTHS DAYS		DER 24 HRS
	F		B		MONTH	-	3Z	5	1	YRS	JA13	HOUR	MIN.
	RTHPLACE   STATE O	R FOREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D D NEVER	MARRIED	9 BALTIMO	ORE CITY	OR COUNTY	OF DEATH		
N.		n a	US	4	WIDOWE		NORCED [		cit	m	Ralti		
10 C	TY OR TOWN OF DE	EATH 11.		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	12a USUAL		OE WORKING LIFE	126 KIND		NESS OR
	Baltimor		Unive	usity of	Mary	land He	spital						
130. S	AL RESIDENCE (# NU STATE	13b. COUNTY	ER INSTITUTION.	136. CITY OR TOW	E ADMISSIONS	13d INSIDE	ITY LIMITS?	13e.STREET	ADDRESS	/ ZIP CODE			
1	1D			Battim	ure	YES X	NO 🗌	168	Fre	redom	way,	Non	the
14. FA	THER'S NAME	MIDO	PLE .	LAST		15. MOTHER	S MAIDEN NA	ME	MIDDLE			AST	
		_		-							-		
	VAS DECEASED EVE	R IN U.S. ARMEL		16h SOCIAL SECU	IRITY NO.	17 INFORM	ANT		ADDR	ESS			
	10	(# 760, 0116 11		240-44	-528	Earr	est Wa	alker	16	81 Fr	eedom	way	Nor
	18 CAUSE OF DEA	ATH (Enter only o	ne couse per	line for (a), (b), on	d (c).)			State of			APPRO	XIMATE IN	HERVAL ND DEATH
	PART I. DEATH	WAS CAUSED B'		Cerebella	2 he	mones	ege				4	8he	sus
		provide a second		P AS A CONSEQUI				^					3 5 8
	Conditions, if on	y, which	DUE TO, OR AS A CONSEQUENCE OF Cardio Vascular dislase								yrs	•	
	gove rise to in	nmediote											
	underlying cou		10,01	K AS A CONSECUI	ENCE OF								
	PART 2. OTHER SIG	GNIFICANT CON	IDITIONS CO	ONTRIBUTING TO	DE ATH BUT	NOT RELATE	O TO THE TERM	INAL DISEAS	SEVOR CON	IDITION GIV	EN IN PART 1	10.	
NO O	Laryne	can can	Cer Z	pulmon	any &	Llive	1 Just	astus	IR.				
CERTIFICATION	19a DATE OF OPERATION 196 CONDITION FOR WHICH									NO IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?			
Ĕ	A					YES NO NO							
1 8	210. ACCIDENT WAS U	INDERLYING	216. TIME O			21c. HOW II	JURY OCCUR	RED (ENTERN	_	JRY IN ITEM IS P	ARI I OR PARI 2)		
	OR CONTRIBUTING	4	HOUR A.	M. MONTH D.	AY YEAR								
MEDICAL	21d. INJURY OCCU		21e. PLACE	OF INJURY		211 LOCATI						-	
M	WHILE NOT	WHIIE	(AT HOME, STR	REET, FACTORY, OFFICE, F	FARM, ETC )	STREE	T		CITY OR TO	OWN	COUNTY		STATE
4	220 1 certify that		ottended th	e deceased from	Au	2 ≥1	10 80	10	Ane	24	10 84	that (I	(we) lost
	saw the deced		Ane	24 19 8	>4.5		) (our) opinion	deoth occurr	ed on the d	lote and hou	ond from th		stated
	226 SIGNATURE	1	en me dady	Office Geom.		DEGREE			201	1111	22c DA1	ESIGNE	D
-		mie (l	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA						Au	A 20	4.84		
	224. PHYSICIANS	NAME AYPE OF PR	INT)	12-1		22e ADDRE	SS			0		9	0
		MING	CHA	NG		Ill	riversit	trot/	yang	and	Hospi	ta	X
	BURIAL, CREMATION	N, REMOVAL	36 DATE		NAME OF C	EMETERY OR	CREMATORY (	231LOC	ATION		COUNTY		SLATE
	BURIAL		8/29	/84 <sub>Ba</sub>	1tim	ore C	emeter		ltim	ore.	COUNTY	Md	
24_F	UNERAL DIRECTOR	11770	or 14 set				25a. DAT				RARSEIGNA	TURN	da 00
Wn	C Marcl	h F/H	Inc.	1101 E	North	Aver	ue A	UG 2 7	1984	I Ma	Anstri (450)	1	Index.

DHMH - 16 50M 4/83 (VRA 15, 4)

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Setting the property of the standard of the standard wall the best to take to restar been and the state of the מין מיבול היינון מעשים על מינוער בל ביינו ביינו ביינו anyther was a former of a complete the The transfer of the state of th Cottineth bust-off- tolling!

Items 18-22a mtb F#596 10711/04



# executed within 24 hours ofter DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician. TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbanpapers-Pages 1 and 2 should be filed within 72 hours aftire with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

FOR

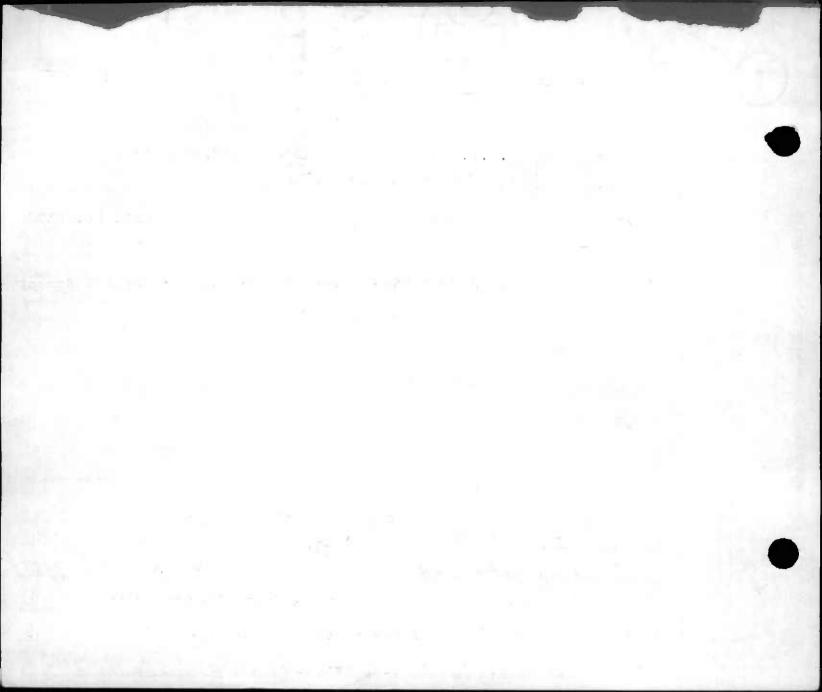
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

71	0	-
-1	Y	9 >
REG. NO.		12

1''	REGISTRAR		CERTIFICATE OF DE	ATH	REG. NO.	12	
	CEASED NAME FIRST	MIDDLE	LAST	2a DATE OF DE	ATH MONTH	DAY YEAR	76 HOUR
(IAME	WILLIA	M J	WALKER	ľ	8	26 84	9:39P
3. SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEAR	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 74 HR
	Male	Black	MONTH DAY	1 S	69 YRS.	MONTHS, DAYS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	RY2 8	- 19 BALTIMORE	CITY OR COUNT	Y OF DEATH	
	irginia	U.S.A.	MARRIED NEVER MA		more Ci	tv	^
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTIT	UTION 12a USUAL OC		126. KIND O	F BUSINESS C
В	altimore	VAMC, Baltimo	re, Maryland 21	.218	EMOST OF WORKING (	WELL INDOSTRI	
USU	AL RESIDENCE (IF NURSING HOME: STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE I		V LIMITS? 13. STREET ADI	ORESS / ZIP COD	Æ	
	arvland				Leadenh		. 212
	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S	MAIDEN NAME	NDOLE	1AS	
	-			KSI	-		
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMAN	T	ADDRESS		
,	YES		5-4540 Lenor	a Bogier 11	07 Lead	enhall	Stre
		anly ane cause per line for (a), (b				APPROX BETWEEN	MATE INTERVAL ONSET AND DEAT
	PART I. DEATH WAS CAUS	SED BY:	1.	Arrest			
	IMMEDI	ATE CAUSE (a)	ore pagarious and			_	
z	cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	10 111-2	Static Prostat	O THE TERMINAL DISEASE O	R CONDITION GI	VEN IN PART 11	o l
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION WAS PERFOR		IN CERTI	ES, WERE FINDIN	NGS USED OF DEATH?
12	71a. ACCIDENT WAS UNDERLYING	216, TIME OF INJURY	21c HOW INJU	JRY OCCURRED (ENTER NATUR			NO [
	OR CONTRIBUTING CAUSE OF		DAY YEAR				
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211. LOCATION	٧			
¥ W	WHILE NOT WHILE AT WORK	( AT HOME STREET, FACTORY, OF	FICE, FARM, ETC.) STREET	C	ITY OR TOWN	COUNTY	STATE
	AT WORK	pital) attended the deceased fr	om_AUGUST_20	19 84 to AUGI	IST 26	19.84	that N) (we) la
.,		on AUGUST 26 (ot) view the body after death.	0/	our) opinion death occurred a			
	obove, V) (we) (did) Vi)	(ot) view the body ofter death.	DE GREE			22c DATE	
	1 8 P	1 h	AT	TENDING MEDICAL	STAFF	81	1)716
1	274 PHYSICIAN'S NAME ITTE		PH 122e. ADDRESS	HYSICIAN DIRECTOR	PHYSICIANY	1-/-	~ 118
		achis		Baltimore, Ma	ryland 2	1218	
23a. 6	BURIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CE				
	BURIAL	8/30/84	Garrison For	CITY OR		COUNTY	Md
	UNERAL DIRECTOR	-1		25a. DATE REC'D. BY REG	ISTRAR 36 REGIS	TRAR'S SIGNAL	URE
	NAME	ADDR	E C C	1 444 6 6 6	M 0 · /		
T.T.	m C Manah E	T Tma 1101	E North Aven	LAUG 2 8 109	1 gunar	laurdson-A	endelle.

DHMH - 16 50M 4/83 (VRA 15, 4)

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_		FOR
1	-	STATE
		REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-1	10
4	Z
	)
	9

	DECEASED NAME	FIRST		AIDDLE		AST	1- DATE OF D	EATH MONTH	DAY YEAR	21 LICILID
	(TYPE OR PRINT)	1.11.0	100 11	11101	VEL	0	O_	1 Od	DAT TEAR	26. HOUR 739 F
3	SEX	011111	4. RACE	WAI	5. DATE C	OF 8IRTH	6 AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
-	mA	IF	RIG	Je.K	MONTH D 4	DAY YEAR	78		MONTHS DAYS	HOURS MIN.
70.		ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	2 8.		9. BALTIMORE	YRS E CITY OR COUN		
9	Georgia		U.S	Δ	MARRIE	DEVER MARRIED DIVORCED	Baltin	more ci	tv	м
10.	O. CITY OR TOWN C		11. NAME OF H	OSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a. USUAL OC	CCUPATION	126. KIND (	F BUSINESS OF
1 1	Baltimor	-e		H FACILITY, GIVE STREE		Medical Ct.		OR MOST OF WORKING	LIFE) INDUSTRY	
U	JSUAL RESIDENCE (		OTHER INSTITUTION		RE ADMISSION)		130. STREET AD	DRESS		
17%	Maryland			Baltin		YES NO		Hollins	Stree	t 212
	4. FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	MIDDLE	LA:	
0	Frank	5		Walke	er	Mable				
160	60 WAS DECEASED		MED FORCES?	16b SOCIAL SEC	URITY NO.	17 INFORMANT	1911	ADDRESS	A	pt.210
L	NO					Maggie Wal	ker 11	02 Drui	d Hill	Avenu
									And the Second S	MAATE INTERVAL
	Conditions, if gave rise to couse (a), underlying	ony, which immediate stating the couse lost.	DUE TO, OF  DUE TO, OF  (c)	line for (0), (b), o  CANAL  R AS A CONSEQUE  R AS A CONSEQUE	JENCE OF	lanemeny rnknour	anna	+		
NOIZAZION	Conditions, if gave rise to couse (a), underlying	ony, which immediate stating the couse lost.	DUE TO, OF  DUE TO, OF  (c)  CONDITIONS CO	R AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE CONTRIBUTING TO CONTRIBUT	JENCE OF  JENCE OF  DEATH BUT	NOT RELATED TO THE TERM	pullia 200 AUTOP	SY? 20b. IF Y	SIXEN IN PART 11	NGS USED YOF DEATH?
/	Conditions, if gave rise to couse (a), underlying  PART 2 OTHER  190 DATE OF C  21a. ACCIDENTA	ony, which immediate stating the couse lost.	DUE TO, OF  DUE TO, OF  CONDITIONS CO  21b. TIME O	R AS A CONSEQUENCE AS A CONSEQUENCE ON TRIBUTING TO CONTRIBUTING TO CONTRIBUTI	JENCE OF  JENCE OF  DEATH BUT	er t	Pullia 200 AUTOP YES   1	SY? ZOB. IF Y	SIXEN IN PART IN	O NGS USED
/	Conditions, if gave rise to couse (a), underlying  PART 2 OTHER  190 DATE OF C  21a. ACCIDENTA	ony, which immediate stating the couse lost.  R SIGNIFICANT OF THE STATE OF THE STA	DUE TO, OF  DUE TO, OF  (c)  196 CONDITIONS CO  196 CONDI  ATH  P. P.	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	JENCE OF  DEATH BUT  OPERATIO	N WAS PERFORMED  21c. HOW INJURY OCCUR!	Pullia 200 AUTOP YES   1	SY? ZOB. IF Y	SIXEN IN PART IN	NGS USED YOF DEATH?
/	Conditions, if gave rise to couse (a), underlying  PART 2 OTHER  190 DATE OF CONTRIBUTION (IF EITHER, NOTIF  21d. INJURY OF	ony, which immediate stating the couse lost.  R SIGNIFICANT OF THE STATE OF THE STA	DUE TO, OF  DUE TO, OF  (c)  CONDITIONS CO  196 CONDITIONS CO  ATH  P.  216 PLACE (a)	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	JENCE OF  JENCE OF  DEATH BUT  H OPERATIO  YEAR  19	N WAS PERFORMED	200 AUTOP YES THE RED GENTSO NATURE	SY? ZOB. IF Y	SIXEN IN PART IN	O O O O O O O O O O O O O O O O O O O
/	Conditions, if gave rise to couse (a), underlying  PART 2 OTHER  190 DATE OF C  21a. ACCIDENT OR CONTRIBUTING  OR CONTRIBUTING  (IF EITHER, NOTH  21d. IN JURY OF  AT WORK  22a.1 certify to	Only, which immediate stating the couse lost.  R SIGNIFICANT (  AS UNDERLYING     G   Gluseof De course     AS UNDERLYING       AS UNDERLYING      AS UNDERLYING      AS UNDERLYING      AS UNDE	DBY: TE CAUSE (a)  DUE TO, OF  (b)  DUE TO, OF  (c)  CONDITIONS CC  CONDITIONS CO  19b CONDI  ATH  ATT  21b TIME O  HOUR A./  21c PLACE (AT HOME, STR	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	JENCE OF  JENCE OF  DEATH BUT  H OPERATIO  YEAR  19	N WAS PERFORMED  21c. HOW INJURY OCCUR!  21f. LOCATION STREET	PULLIA 200 AUTOP YES D P RED JENTSP NATU	SY? 20b. IF Y IN CER NO BRE OF INJURY IN ITEM 1 CITY OR TOWN	SIXEN IN PART 10  VES, WERE FINDI TIFYING CAUSE YES (COUNTY)  COUNTY	ONGS USED OF DEATH?
/	Conditions, if gave rise to couse (a), underlying  PART 2 OTHE  190 DATE OF C  21d. ACCIDENT (A)  OR CONTRIBUTION  (IF EITHER, NOTE  21d. IN JURY OF  WHILE  AT WORK  22e. I certify fl  SDW (1)	ony, which immediate stating the couse lost.  R SIGNIFICANT OF THE COUSE LOST.  RESIGNIFICANT OF THE COUSE L	DBY: TE CAUSE (a)  DUE TO, OF  (b)  DUE TO, OF  (c)  CONDITIONS CC  CONDITIONS CO  19b CONDI  ATH  ATT  21b TIME O  HOUR A./  21c PLACE (AT HOME, STR	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	JENCE OF  JENCE OF  DEATH SUT  H OPERATIO  Y YEAR  19	N WAS PERFORMED  21t. HOW INJURY OCCUR  21f. LOCATION STREET  Ad that in (my) (our) opinion	PULLIA 200 AUTOP YES D P RED JENTSP NATU	SY? 20b. IF Y IN CER NO BRE OF INJURY IN ITEM 1 CITY OR TOWN	COUNTY	NGS USED OF DEATH?
/	PART I. DEA  Conditions, if gave rise to couse (a), underlying  PART 2 OTHEI  190 DATE OF C  21a. ACCIDENTIA OR CONTRIBUTIN (IF EITHER NOTH 21d. IN JURY OF ATWORK	Only, which immediate stating the couse lost.  R SIGNIFICANT ( PERATION  AS UNDERLYING G OUSE OF CELLY MEDICAL EXAMINED CURRED TO THE COURSE OF CELLY MEDICAL EXAMINED COURSE OF CELLY MEDICAL EXAMINE	DBY: TE CAUSE (a)  DUE TO, OF  (b)  DUE TO, OF  (c)  196 CONDITIONS CO  ATH  P./  216. TIME O  ATH  P./  216. PLACE ( (AT HOME, STR  DEPVISE THE BODY)	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	JENCE OF  JENCE OF  DEATH SUT  H OPERATIO  Y YEAR  19	N WAS PERFORMED  21t. HOW INJURY OCCUR  21f. LOCATION STREET  A 19  A 17ENDING PHYSICIAN [	PED JENTER NATU	SY? 20b. IF Y IN CER NO BRE OF INJURY IN ITEM 1 CITY OR TOWN	SIXEN IN PART 10  VES, WERE FINDI TIFYING CAUSE YES (COUNTY)  COUNTY	NGS USED OF DEATH?
/	PART I. DEA  Conditions, if gave rise to couse (a), underlying  PART 2 OTHEI  190 DATE OF C  21a. ACCIDENTIA OR CONTRIBUTIN (IF EITHER NOTH 21d. IN JURY OF ATWORK	ony, which immediate stating the couse lost.  R SIGNIFICANT OF THE COUSE LOST.  RESIGNIFICANT OF THE COUSE L	DBY: TE CAUSE (a)  DUE TO, OF  (b)  DUE TO, OF  (c)  196 CONDITIONS CO  ATH  P./  216. TIME O  ATH  P./  216. PLACE ( (AT HOME, STR  DEPVISE THE BODY)	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	JENCE OF  JENCE OF  DEATH SUT  H OPERATIO  Y YEAR  19	N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  19 10 that in (my) (our) opinion  DEGREE  ATTENDING	PED JENTER NATU	SY? 20b. IF Y IN CER NO PRE OF INJURY IN ITEM 1 CITY OR TOWN  STAFF  STAFF	COUNTY	NGS USED OF DEATH?
I POIGHT	PART I. DEA  Conditions, if gave rise to couse (a), underlying  PART 2 OTHEI  190 DATE OF C  21a. ACCIDENTIA OR CONTRIBUTIN (IF EITHER NOTH 21d. IN JURY OF ATWORK	Only, which immediate stating the couse lost.  R SIGNIFICANT OF THE COUSE LOST.  RESIGNIFICANT OF THE COUSE	DBY: TE CAUSE (a)  DUE TO, OF  (b)  DUE TO, OF  (c)  CONDITIONS CO  CONDITIONS CO  ATH  P./  21b. TIME O  ATH  P./  21b. PLACE (AT MOME. STR  itol) oftended thy  DR PRINT)  ATT  ATT  ATT  ATT  ATT  ATT  ATT	R AS A CONSEQUENT REPORT OF THE PART OF TH	JENCE OF  JENCE OF  DEATH BUT  H OPERATIO  YEAR  19	N WAS PERFORMED  21t. HOW INJURY OCCUR  21f. LOCATION STREET  A 19  A 17ENDING PHYSICIAN [	206 AUTOP YES P RED CENTS NATU  TO deoth occurred  MEDICAL DIRECTOR  123d LOCAT	SY? 20b. IF Y IN CER NO SHOULD IN CER NO SHOULD IN TEM 1 CITY OR TOWN On the dote and h	COUNTY	NGS USED OF DEATH? NO STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or offending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral dishould be detached for use as the busial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

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PLEASE CTOR. FILES. HOURS TREET,

		OR			EPARTMENT OF	HEALT	MARYLAND H AND MENTAL HY		399	1	
		REGISTRAR		MED	ICAL EXAMIN	ER'S	CERTIFICATE O	FDEATH REG. N	10.		
		EASED NAME OR PRINT)	FIRST HARO	LD	WIDDLE		ALKER ALKER	20. DATE KNOWN OF ESTI- DEATH MATED	□ 8-5-8		N HOUR
		le E	Black 1	7/16			JNDER TYR IF UNDER 2	MIN PRONOUNCED DEAD	8-5-8	84 19 8	:37A
2	7a 81F	THPLACE (STA		U.S.A.	AT COUNTRY?		RIED NEVER MARRIE			OF DEATH	MD.
K	2	Y OR TOWN O		IF NOT IN-SUCH FAC	TITAL, NURSING HOME BLITY, GIVE STREET ADDRESS) ITY HOSPITA	5-1-	THER INSTITUTION	120. USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)  Consturding	PE OF WORK 12	OR INDUSTRY	
5	USUA Na. ST	ATE			RESIDENCE BEFORE ADMISSI 131. CITY OR TOWN Baltimore		13d. INSIDE CITY LIMITS? YES 😿 NO 🗆	13e STREET ADDRESS	a	122	3
~	-	yland	10		Гратспюте			1010 W. Balti	none s	La	
Z	14 FA	THER'S NAME FIRST	MID		Waller		Helena	WIDDLE	Delea	ver	
1	Ióa. W (YE	AS DECEASED	EVER IN U.S. ARMED I	ORCES?	213-14-9		Rene Fount	addres leroy 1811 W.		ette Ave	÷.
		Canditions gave rise cause (a) s lying cause	, if any, which to immediate toting the <u>under-</u> elast.	USE (a) A DUE TO, OR A (b) DUE TO, OR A	rterioscle as a consequence as a consequence	OF OF		cular disease		APPROXIMATE IN BETWEEN ONSET A	ND DEATH
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)										
1	IFICATION	190. DATE OF C	PERATION	196. CONDITI	ION FOR WHICH OPER	RATION	WAS PERFORMED?			20 AUTOPSY?	но 🛛
3	CAL CERTI	210 EXTERNAL UNDERLYING CONTRIBUTIN			INJURY MONTH DAY YEAR		HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 11	8 PART 1 OR PART	2)	
	MEDICAL	21d INJURY OF WHILE AT WORK	NOT WHILE AT WORK		F INJURY (AT HOME, DRY, FARM, ETC.)	211. [	OCATION STREET	CITY OR TOWN	COUN	ΤΥ	STATE
			that I took charge of t	-		Auto	ppsy , Inspection , Hamicide ,	Undetermined manner	ind in my apin	ian	
1		ACTUAL SIGNATURE_	2019	7			TITLE (SPECIFY)  M.D. <u>Assistani</u>	MEDICAL EXAMINER	DATE SIGNED	8-5-84	
K		EXAMINER'S N	AME Grego	ry R. K	auffman, M	.D.	ADDRESS 111	Penn Street			

730. BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY)
Burial 8/9/8 8/9/84 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 20M 4/82

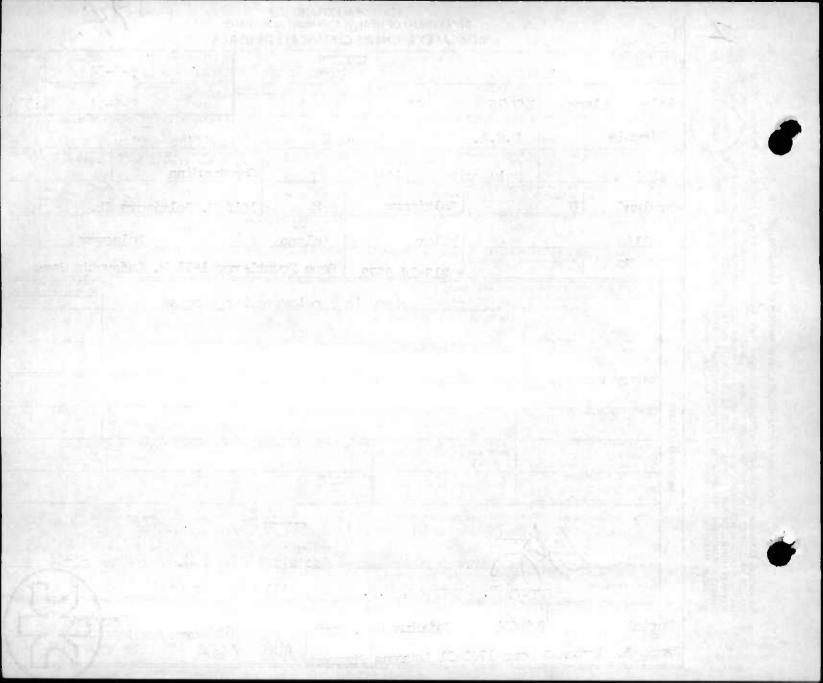
23c, NAME OF CEMETERY OR CREMATORY Arbutus Mem

23d. LOCATION

Maryland STATE

Morton & Sons 1701-31 Laurens Street

250. DATE REC'D. B REGISTA
AUG 7 100 A 7 1984



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physican and completely filled in by the funeral direct should be detached for use as the buriof-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene pripr to buriof, cremation, or removal.

FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

21895

1		REGISTRAR		CERTIFICATE	OI DEATH	REG. NO	5.	
1		CEASED NAME FIRST	MIDDLE	LAST	1-1	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
1	-	North		WAYY	2 14		8-28-84	1 7 29 4
	1. SE	X	RACE	S. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRT		
0	1	MALO	Black	MONTH	9 - 04	79	YRS. DAY	S HOURS MIN
61	7a. 8	IRTHPLACE ISTATE OR FOREIGN 71	L. CITIZEN OF WHAT COUNTRY?	8.		9 BALTIMORE CITY O		
W	AN	COUNTRY)	IISA.		VER MARRIED U	3- H.	-	
0	10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING	WIDOWED -	DIVORCED   RINSTITUTION	12ª LISTIAL OF CHIDINTI	ON A LIST KIND	OF BUSINESS OR
EV/	12	a 1th	(IF NOT IN SUCH FACILITY GIVE STREET		4 4	TYPE OF WORK OF QS	LIFE) INDUSTR	
30	USII	AL RESIDENCE HE NURSING HOME OR O	1837 6.31	gale c	Thee	71661 Marks	v )	
Sh	13a. 3	STATE 136. COUNT			IDE CITY LIMITS?	13e STREET ADDRESS	Salt, noc	71517
1	NA	ATYLANC	BAITIMO	TE YES		1839 5.8	iddle 2.W	664
2N		ATHERS NAME FIRST MI	IDDLE LAST	15. MO1	HER'S MAIDEN NAM	AE MIDDLE	0 41	AST
800	10	-naries	MAYYEN	K	Achel		2.W.t	h
lea		WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE W		RITY NO. 17 INFO	DRMANT	ADDRE	555006 Voither	1,21215
1/		NO	213-09-	2091-9 Jes	se R	WArren	Levin dala	Rd.
4/		18 CAUSE OF DEATH (Enter only	one cousy perlipe for (a) (b), and	h(d)2 · /	1	4 1		DXIMATE INTERVAL N ONSET AND DEATH
- aut		PART I. DEATH WAS CAUSED  IMMEDIATE	BY: ( / // )0.	tired	kakl	Harly	40)	
2		MAKEDIATE		NGE OI				
E 5	1	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF				- 1 3
10		gove rise to immediate	(6)					
e e		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF				
ō		DART 2 OTHER CICAHEICANIT CO	(c)	SEATURE NOT DE	ATED TO THE TERM	NIAL DISEASE OR COM	NITION CRIENT ALBURY	
dont	NO.	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	BUI NOI KEE	ATED TO THE TERMI	INAL DISEASE OR CONL	JITION GIVEN IN PART	110
1	¥ ¥	190. DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS P	FREORMED	200 AUTOPSY?	20b. IF YES, WERE FIND	INGSTISED
5 1	FICAT	The British of Great Annual Control		0. 2	E. OKALED	1 5 3 Project	IN CERTIFYING CAUSE	ES OF DEATH?
20	CERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121, HC	W IN HIPV OCCUPE	YES NO	YES TEM 18, PART 1 OR PART 2)	№ □
20	100	OR CONTRIBUTING CAUSE OF DEATH		Y YEAR	W HAJORI OCCORR	ED (ENTER NATURE OF INJUR	TIN TIEM 18, PART TOR PART 2)	The Later
14	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
0	N N	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		CATION	CITY OR TOW	N COUNTY	STATE
orke orke	1	AT WORK		11			1 01	
E	1	22a I certify that (I) (this hospita	il) oftended the deceased from	77/2		-, 10 6-16	19	, that (I) (we) last
5		sow the deceased alive on obove, (1) (we) (did) (did not)	view the body after death.	ond that in	(my) (our) opinion d	leath occurred on the do	ote and hour and from th	ne couses stated
1		22b. SIGNATURE	121	DEGREE		/		E SIGNED
- 1		samuel K	1 Louis M	D	ATTENDING PHYSICIAN	MEDICAL STAF	IAN U	102784
1	1	221 PHYSICIAN'S NAME (TYPE OR P	PRINTI	22e. AD	DRESS	1	, /1	1
PO#		Dr. Samue	L KIEDI	5 1401	155 E	. Ledep	A/ 2+	
3	23a. 8	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETER	OR CREMATORY	236. LOCATION		
	1	Blorial	8-31-84 Ba	Himmus	A Just	ROLL OR TOWN	COUNTY MA	LY AND
73	24 FI	UNERAL DIRECTOR	, IDN	THOPE	250. DATE	REC'D. BY REGISTRAR	W. SEGIS/RAB SAUCH	
~	1).	MA CERT	ADDRESS N	Band	ILA	G 3 0 1984	quia vinte	
	Lu	The state of the	1007 11	Surance Contraction	1		L'	

DHMH-16 60M 1/73 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The to retained by the hospital or attending physician

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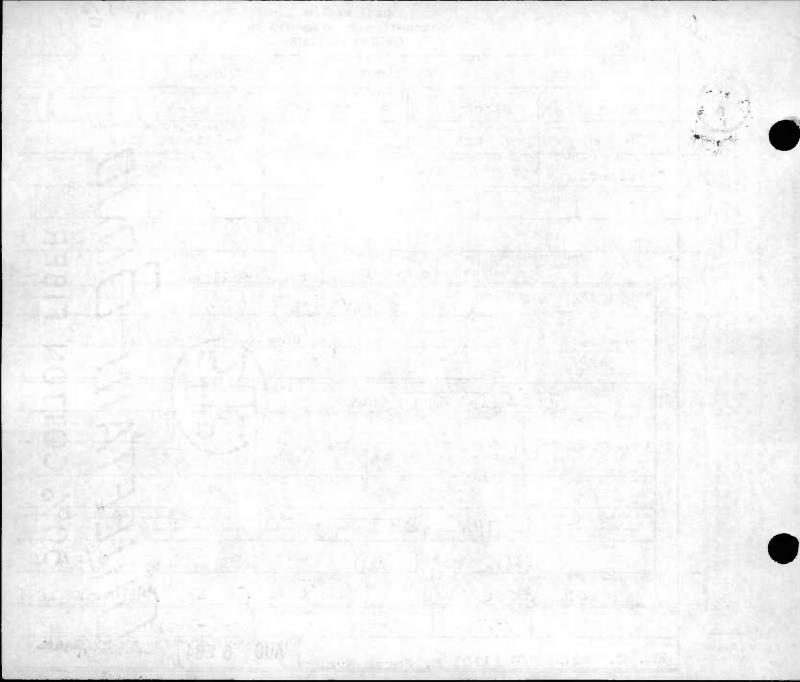
### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

1	REGISTRAR		CEKTIFI	CAILOL	DEATH	REG. NO	0.		
	1. DECEASED NAME FIRST (TYPE OR PRINT) EVa	Mas Was	shing	ton		20. DATE OF DEATH August	2, 198	YEAR	2b HOUR
ı	3. SEX	4 RACE	S. DATE O			6 AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS
l	Female	Black	8 NONTH	10	1922	61	YRS.	THS DAYS	HOURS MIN.
1	76. BIRTHPLACE (STATE OR FOREIGN COUNNY). C.	7b. CITIZEN OF WHAT COUNTRY? USA	MARRIED WIDOWEI		MARRIED	Baltimore city o			MD.
1	Baltimore	11. NAME OF HOSPITAL, NURSIN SUCHFACILITY, GIVE STREET MOTAVIA	Rd.	R OTHER INS	TITUTION	120. USUAL OCCUPATI		12b. KIND O INDUSTRY	F BUSINESS OR
1	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b. COUN		nore	13d INSIDE C	NO [	13e. STREET ADDRESS 2504	Park	212 Trail	234 L Road
1	Johnny	Mill Mill		Ele	s maiden nam First anor	WIDDIE		lasi Bo	bbit
1	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	1100	17 INFORM	ANT	ADDRE	SS		
	No	214-16-	5197	Rosal	yn J.	Ballard	2504		TrailRo
		nly one cause per the for (a) (b), and (b) BY: TE CAUSE (a)	d (c).) <	led -	heart	Sentine		BETWEEN C	MATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	gave rise to immediate cause (o), stoting the DUETO OR AS A CONSEQUENCE OF							
١		CONDITIONS CONTRIBUTING TO I	DEATH BUT I	NOT RELATE	TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART 16	
1	19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION	WAS PERFO	DRMED	200 AUTOPSY?  YES NO	20b. IF YES, W IN CERTIFYIN YES		
1		ALIN .	AY YEAR	21c. HOW II	JURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	OR PART 2)	
l	OR CONTRIBUTING CAUSE OF DEA	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATI STREE		CITY OR TO	wn	COUNTY	STATE
	220.1 certify that (I (this hospi saw the deceased of the on above (I) we) (did) (did no	ital offended the deceased from 19	84.gn	d that in (my	) our) opinion d	, to, to	and hour on	od from the	that (I) (we) lost causes stated
	22b. SIGN ATURE	Noter Pogel	w	N	ATTENDING PHYSICIAN	MEDICAL STAN		22c. DATE	SIGNED 3/84
	22d. PHYSICIAN'S NAME (TYPE O	VOGEL WI)		12: ADDRE	N. W	OUTE ST,	BALT	More	E 21205
	23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			eran	CREMATORY Cem	23d LOCATION CITY OF TOWN CROWNS		OUNTY	state Md
	Wm. C. March	F/H 1101 E.	Nor+1	) Ave	25a AU	G 6 984	250 REGISTRAN	SSIGNAT	Bhdall.
E			-101	AVE					

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21701	Ę	0.7
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours attracted. Fase 4 ma retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illied in bother action, possible the defoched for use as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 should be the defourbed for use as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 should be the defourbed to the property of the please of the property of the please of the property o
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	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.	
poge 3		CEASED NAME FIRST	MIDDLE FRUEST I	WATERFALL	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
softer de	3 SE		4 RACE W/11 SE	5. DATE OF BIRTH  MONTH A DAY  YEAR  YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYFAR IF UNDER 24 HR MONTHS DAYS HOURS MI
158		RTHPLACE (STATE OR FOREIGN COUNTRY) Mass.	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
15/4/	10 C	BOUT NORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)  JAMAJUTTAN 1108	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Conductor	125 KIND OF BUSINESS C INDUSTRY Railroad
should be	13a. :	AL RESIDENCE (IF NURSING HOME STATE 13b. CC		BEFORE ADMISSION) TOWN 13d. INSIDE CITY LIMIT YES NO  15. MOTHER'S MAIDEN	6017 Loch	RAVEN 21
Complete 1 and 2		HARRY	Waterfall	+/e/e04	MIDDLE	Hood
physician and a on popers. Pages emoval: event, the medical		VAS DECEASED EVERIN U.S. YES, NO OR UNKNOWN) (IF YES, NO	GIVE WAR OR DATES)	security No. 17 INFORMANT -07-5-713 Mrs. M. Ca	therine Waterfall	6017 Loch Rav
equires that the death ce n signed by the attending Then please remove carb r to buriol, cremation, or r injury, or ather traumatic	NOI	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	enschrote a	rdiorasular onary diseus	disease 54 e Zoyrs
SICIAN: The low of physicion.  og physicion.  certificote hos beer riol-tronsit permit.  entol Hygiene prior them 18 shows ony	CERTIFICATION	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	HICH OPERATION WAS PERFORMED  21t. HOW INJURY OC	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? VES NO PART 1 OR PART 2)
DING PHYSICIAI or ottending ph After this certifi e as the buriol-tr olth and Mental marked or Item 1	MEDICAL	OR CONTRIBUTING CAUSE OF  (IF EITHER NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	DEATH	19 211 LOCATION	CITY OR TOWN	COUNTY STATE
TO HOSPITAL OR ATTENDIN retained by the hospital or TO FUNERAL DIRECTOR. At should be detached for use a with the State Dept. of flealth IMPORTANT: if them 21 is mo.	1	270- I certify that (I) (this has sow the deceased alive blove, (I) (we) (did) (did) 27b. SIGNATURE  27d. PHYSICIAN'S NAME (IV)		, and that in (my) (our) api  DEGREE  ATTENDIN PHYSICIA  22e ADDRESS	nion death occurred on the date and ha	19, that (I) (we) I are and from the causes stated  220. AATE SIGNED  2-10-84  Caltimore, Md.
BP OF STATE	23e.	David Golds BURIAL, CREMATION, REMOV		23c NAME OF CEMETERY OR CREMATO Woodlawn Cemeter	DRY 234 LOCATION	
DHMH - 16 50M 4/83		JNERAL DIRECTOR	ADDI		DATE REC'D. BY REGISTRAR 256, REGIS	

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7)	REGISTE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

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	PECEASED NAME EIRST				REG. NO			
3. S	N	luth El	aine	Waters	Aug. 30,		YEAR	2b HOUR
	EX	4. RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTE	HDAY) IF (	INDER I YEAR	IF UNDER 24 HRS
	Female	White	Sep		64	YRS.	THS DAYS	HOURS MIN
.Zo. !	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTYOF	DEATH	
	Maryland	U.S.A.	WIDOWE		Baltimon	e City		м
10. (	Baltimore	11. NAME OF HOSPIT.  (IF NOT IN SUCH EACILIT  4100 Ida	Y, GIVE STREET ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF Pendent	WORKING LIFE)	12h, KIND OF INDUSTRY	F BUSINESS OF
	UAL RESIDENCE (IF NURSING HOME ). STATE 13b. CO Maryland	DUNTY 13c_CI	IDENCE BEFORE ADMISSION) TY OR TOWN Limore	136 INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS (	ZIP CODE	21206	6
14.1	Richard	Dale	Waters	Annie	Eliza	beth	LAST	Duyer
160	WAS DECEASED EVER IN U.S.		OCIAŁ SECURITY NO.	17 INFORMANT	ADDRES	SS	200	
-	(YES, NO OR UNKNOWN) (1F YES,	GIVE WAR OR DATES) 21	6-10-5579	Esther Lee	4100 Idaho A	ve. Ba	ltimo	re, Md.
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF					
FICATION		s wheer of the	E FALVENTO OF WHICH OPERATION		20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	IGS USED OF DEATH?
AL CERTIFICATION	190. DATE OF OPERATION  710. ACCIDENT WAS UNDERLYING	196 CONDITION F  196 CONDITION F  196 CONDITION F  196 CONDITION F  198 CONDITION F	E SALVILONI FOR WHICH OPERATION OF WHICH OPERATION OF WHICH OPERATION OF WHICH OF WEAR OF WHICH OPERATION OF WHICH OF WHICH OPERATION OF		200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [	VERE FINDIN IG CAUSES	IGS USED
MEDICAL CERTIFICATION	190. DATE OF OPERATION  710. ACCIDENT WAS UNDERLYING	196 CONDITION F  197 CO	E SALYCIANO OR WHICH OPERATIO  RY ONTH DAY YEAR  19	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [ TIN ITEM 18 PART	VERE FINDIN IG CAUSES	IGS USED OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IN EITHER, NOTEY MEDICAL EXAM) 210. INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this has sow the deceased give	19b CONDITION F  19b CO	RY IONTH DAY YEAR TO URY IONY, OFFICE, FARM, ETC.)  ased from eath,	216 HOW INJURY OCCURE 211 LOCATION SIREET  19 Ind that in (my) (see ) apinion of DEGREE  ATTENDING	200 AUTOPSY?  YES NO ENTER NATURE OF INJURE  CITY OR TOW  death occurred do the do	20b. IF YES, WIN CERTIFYIN YES [ TIN ITEM 18 PART  IN TO THE TIN ITEM 18 PART  IN TO THE TIN ITEM 18 PART	VERE FINDIN IG CAUSES (  1 ORPART 2)  COUNTY	IGS USED OF DEATH? NO  STATE
MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IN EITHER, NOTEY MEDICAL EXAMI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270. I certify that (I) (this has sow the deceased give above, (I) (we) (durified)	DEATH PLACE OF INJUINER  21b. TIME OF INJUINER  21c. PLACE OF INJUINER  21c. P	RY IONTH DAY YEAR TO URY IONY, OFFICE, FARM, ETC.)  ased from the second of the second	211 LOCATION SIRET  211 LOCATION SIRET  And that in (my) (only opinion of physician	200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN 10 death occurred do the do	20b. IF YES, WIN CERTIFYIN YES [ TIN ITEM IS PART  IN 19 te ond hour or	COUNTY	IGS USED OF DEATH? NO  STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

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	dependent Ave.	ditt eroriston  ditt eroriston  duebueccu  eva check out	White Pet. 18, 1919 (4  1.5.A. Toldings City  1.100 Idaha Ave. Dependent  Baltinorn & Ard Josha Ave.

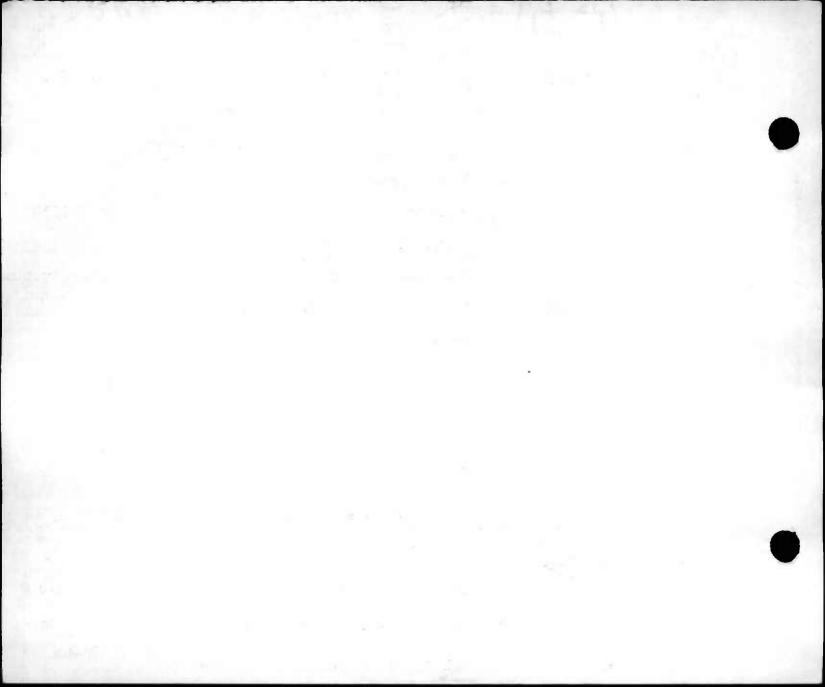
George Taler, H.D. - 600 Light Street Tellianne, Mil.

Leanard J. Mack, Inc. Maltimore, Marriand L. 1 Ave. - 1844

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6	1 -	FOR STATE REGISTRAR	VV AT I		ENT OF H	OF MARYLAND EALTH AND MENTAL BYG CATE OF DEATH	IÉNE REG.N	10.	99	
3 4		CEASED NAME FIRST	MI	DDLE		-KINS	20. DATE OF DEATH	MONTH DA	AY YEAR 2	hOUR
. es	3. SEX	F	I RACE VS		S. DATE O	F BIRTH	6 AGE (IN YEARS LAST BE	MI		FUNDER 24 HRS
ied of once.	- 0	RTHPLACE (STATE OR FOREIGN ) OUNTRY) Orgia	U.S.	HAT COUNTRY?	8. MARRIEI WIDOWE	17 10  NEVER MARRIED DIVORCED 🗖	BALTIMO			MD
notified of		BALTIMORE	UNION	MEMORIAL	HOSP	R OTHER INSTITUTION  ITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST	ION	126 KIND OF E	BUSINESS OR
Seriest be	130. S Ma	ryland	OTHER INSTITUTION, G TY	Baltin	4	YES XX NO 🗌	13e STREET ADDRESS 2612 Gui		Ave. 2	21218
exomine		Lee	MODLE	Watkin		IS MOTHER'S MAIDEN NAM FIRST  Ionia	MIDDLE		LAST	
the medicol	()	(AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE KNOWN	MED FORCES?	214-24-		Lee T. Wat	kins 407			Avenu
r to buriol, cremotion. or r injury, or other troumotic	NOI	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CO	(b) DUE TO, OR (c)	AS A CONSEQUE	CPC NCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	IDITION GIVE	N IN PART I 10	
nows ony	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY YES		SS USED F DEATH? NO []
Hem 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M	I. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	RT I OR PART 2)	
rked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE O	F INJURY ET, FACTORY OFFICE FA	ARM ETC )	214 LOCATION	CITY OR TO	NWC	COUNTY	STATE
of Heolif		220 I certify that (1) (this hospite sow the deceased alive on above, (1) (we) (did) (did not	8-9	19.6		d that in (my) (our) opinion of				uses stated
Stote Dept		22b. SIGNATURE	2				MEDICAL STA		1220 DATE SH	
IMPORTANT		224 PHYSICIAN'S NAME (TYPE OR I SSAM E	CHE		10		nie PKW	y B	alto	21218
_	1	URIAL, CREMATION, REMOVAL BURIAL	23b. DATE 8/15/			ethel Bapt.		ingto		Ga".
OM 4/83		INERAL DIRECTOR NAME  C March F/H	Inc. 1	ADDRESS	Nort	1	e rec'd. by registrate 1 0 1984	is Day	Adson-Ran	dell



for, page 3 after death

completely filled in b

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove corbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician. injury, or other traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows ony

### STATE OF MARYLAND

- STATE REGISTRAR		RTIFICATE OF DEATH	REG. NO.		
1. DECEASED NAME (TYPE OR PRINT)	shorth k	Vot Kins		8-11-84	26. HOUR A
3. SEX	ACE S. C	DATE OF BIRTH	6. AGE   IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS.
70. BIRTHPLACE (STATE OF FOREIGN 76. (	CITIZEN OF WHAT COUNTRY?	9 21, 0%  ARRIED D NEVER MARRIED D	9. BALINI RE CITY OR	COUNTY OF DEATH	
IN Q V C COM OF DEATH 11.	NAME OF HOSPITAL, NURSING HO		120. USUAL OCCUPATIO		MIDE BUSINESS OF
Dalting &	ER INSTITUTION GIVE RESIDENCE BEFORE ADMI	soital	Homemaker	Home	77=717
130. STATE	Baltim	DYP YES A NO .	1803B	looming	daleR
14 FATHER'S NAME FIRST MIDD  Allen	Roberts	IS. MOTHER'S MAIDEN NA FIRST Georgia	WE	Willi	ams
60 WAS DECEASED EVER IN U.S. ARMED (YES NO OR UNKNOWN) (IF YES, GIVE WA		NO. 17. INFORMANT		SWard Avenu California	e
18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C	ENAPINETINET	1		APPRO: BETWEEN	CIMATE INTERVAL ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE  (b) CANCELLIVE WE  DUE TO, OR AS A CONSEQUENCE  (c) TONAL TOLLUM	ent failure			
	IDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	TION GIVEN IN PART 1	10
199. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPE	RATION WAS PERFORMED		206. IF YES, WERE FIND! IN CERTIFYING CAUSE: YES	
OR CONTRIBUTION OF COURSE	216, TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
OR CONTRIBUTION OF CASE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  WHILE NOT WHILE AT WORK AT WORK	216. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FARM, E	211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
220.1 certify that (1) (this haspital)	attended the deceased from	and that in (my (our) opinion	, to 8/11	19 84	that (I) (we) as

sow the deceased three en obove, (1) (we) (did) (did not) view the body after death. 226. SIGNATURE

22e ADDRESS

ATTENDING PHYSICIAN MEDICAL STAFF

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

22d PHYSICIAN'S NAME (TYPE OF PRINT)

234. NAME OF CEMETERY OR CREMATOR

DEGREE

23d. LOCATION Arbutus Memorial Park

COUNTY

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

MUTTANDRETSONS 2501 Gwynns Falls Parkway Funeral Home Inc. Baltimore, Maryland 21216 21216

8/20/1984

Oskida

236. DATE

MD

Park Baltimore, Maryland
250. DATE REC'D. BY REGISTRAR 250 REGISTRAR 5 SIGNATURE
ALLO A MOA Fulia Davidson-Mandell

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		v 17'7 .	ons Falls .	2501 GLY	5 NE 21 1
		21.16	on-1-nd	. Filtimore	neral Homelin

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the haspital or attending physician.

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executed within 24 hours after death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIË  CERTIFICATE OF DEATH

STATE OF MARYLAND	1
EPARTMENT OF HEALTH AND MENTAL	NYGIENE
CERTIFICATE OF DEATH	

1.	FOR STATE	DEPART	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL BY	(GIËNE	
1. DEC	REGISTRAR CEASED NAME FIRST	EGE Simpson	CERTIFICATE OF DEATH	REG. NO	1981 53
3. SEX		BIACK	5. DATE OF BIRTH 2 7 1914	AGE (WASSLAST BRITIDAY) 70 Y	FUNDER LYEAR FUNDERS AN MONTHER DAYS HOURS M
Ba	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED   NEVER MARRIED	Baltimore Ci	ty
В	altimore	SPATER TENNSON	DANI/ VE NISG CONTER	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	NG LIFE) 126, KIND OF BUSINESS
Ma Ma	AL RESIDENCE (IF NURSING HOME OF STATE 136. COL	UNTY 136. CITY OR TOY Baltimor	YES NO	640 Mosher St.	21217
14. FA	ATHER'S NAME FIRST	M/DDLE LAST	15 MOTHER'S MAIDEN N	WIDDLE	LAST
160. V	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166. SOCIAL SEC GIVE WAR OR DATES) 218-03-1		all 2810 Suscom	be Lane 21215
	PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQU	tastalic Con	mara of pros	tale / was
ICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE CONTRIBUTING TO	tastalic Con	RMINAL DISEASE OR CONDITION    200 AUTOPSY?   200.	late / would
CERTIFICAT	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICE CONDITI	UENCE OF  DEATH BUT NOT RELATED TO THE TER  THOPERATION WAS PERFORMED	RMINAL DISEASE OR CONDITION    200 AUTOPSY?   200.	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
FICAT	PART I. DEATH WAS CAUS IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  PART 2. OTHER SIGNIFICANT  196. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (19 EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE AT WORK AT WORK	DUE TO, OR AS A CONSEQUENCE  TO CONDITIONS CONTRIBUTING TO SEATH  19b. CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	UENCE OF  UENCE OF  DEATH BUT NOT RELATED TO THE TER  UT  THOPERATION WAS PERFORMED  DAY YEAR  19  216. HOW INJURY OCCU  STREET	RMINAL DISEASE OR CONDITION  200 AUTOPSY?  YES NO	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO ON ON ONE PART I OR PART ?)  COUNTY STATE
CERTIFICAT	PART I. DEATH WAS CAUS  IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this has saw the deceased alive of	DUE TO, OR AS A CONSEQUENCE OF TO THE PLACE OF INJURY HOUR A.M. MONTH LEADER OF PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE OPITO) Ottended the daceased from	UENCE OF  UENCE OF  DEATH BUT NOT RELATED TO THE TER  UT  CH OPERATION WAS PERFORMED  DAY YEAR  19  21f. HOW INJURY OCCU  STREET  DEGREE  ATTENDING	RMINAL DISEASE OR CONDITION  200 AUTOPSY?  YES NO  JUNCE  JUNCE  CITY OR TOWN  10 death accurred on the dote and	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
CERTIFICAT	PART I. DEATH WAS CAUS  IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  PART 2. OTHER SIGNIFICANT  21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHEW MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22e. I certify that (I) (this has saw the deceased alive cabave, (I) (we) (did) (did)	DUE TO, OR AS A CONSEQUENCE OF TOO TO THE PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE OPINION) of the body after death.	UENCE OF  UENCE OF  DEATH BUT NOT RELATED TO THE TER  UT  CH OPERATION WAS PERFORMED  DAY YEAR  19  21f. HOW INJURY OCCU  STREET  DEGREE  ATTENDING	RMINAL DISEASE OR CONDITION  200 AUTOPSY?  YES NO  JRRED (ENTER NATURE OF INJURY IN ITEA  CITY OR TOWN  TO STAFF  DIRECTOR PHYSICIAN	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO NO NOTE OF PART 2)  COUNTY STATE And have and from the causes stated

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

Brown Comm. F.H. 1206 W. North Ave. AUG 1 0 William C

1.18 mass 113 5: 1 nd (3%) death certificate be

requires that the

OR ATTENDING PHYSICIAN: The low attending physicion.

retained by the hospital ar

BP.

TO HOSPITAL

completely filled in by the funer and 2 should be filed

# FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

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10		REGISTRAR		CERTI	ICAIL OI	VEATIN		REG. NO	).			
		EASED NAME FIRST	MIDDLE		LAST		20. DATE OF	DEATH	HINOM	DAY YEAR	26 HOUR	
	(TYPE	RACHEL	BARNES	WAT	TS		Can		8 2	24 1984	8:10	PM
	3. SE)		4. RACE	S. DATE O	OF BIRTH		6. AGE (IN Y	ARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 H	
ы		FEMALE	WHITE	MONTI 12	DAY 22	1903	80		YRS	MONTHS DAYS	HOURS M	IIN.
-	Ta Bli	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y2 8				RE CITY O		Y OF DEATH		
5		Condian	U.S.A.	WIDOWI		MARRIED -		TIMO				MD.
	10. CI	TY OR TOWN OF DEATH	1 LE NAME OF HOSPITAL, NURS	ING HOME	The same of the sa		12a USUAL C	OCCUPATION	ON	12b. KIND	OF BUSINESS	_
	BA	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STRE SATNT AGNES HO				TEACH		F WORKING I		ATION	
7 0		AL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)				_				_
5	MAI		IMORE BALTIN	ÖRE	YES 🗌	NO.	130 STREET A				21227	
7	14 FA	THER'S NAME F#ST	MIDDLE LAST		15. MOTHER	E'S MAIDEN NAM	WE	WIDDIE		L	151	
1		Robert Le					ercy		1000	1116		
2		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORM	ANT		ADDRE	SS		2122	27
		no		3-3638	Mrs.	Ruby	B. Ta	ylor	566	63 Che	lwynd	
		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b)	ond to	/	4 - 0	006			BETWEEN	XIMATE INTERVAL ONSET AND DEA	111
		PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (0) Cardu	o-Rey	under	ry ari	est.					
			DUE TO, OR AS A CONSEC	HENCE OF	0	/						
		Conditions, if any, which		ration	Prec	mon	ra.			3 7 7 9		
		gove rise to immediate couse (a), stating the	10)	UEUCE OF							Director (	
		underlying couse lost.	DUE TO, OR AS A CONSEC	DUENCE OF								
		PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASI	F OR CON	DITION G	IVEN IN PART 1	In:	
	Z	TAKT Z OTTEK SIOIVII KANTO	CONTRIBUTION CONTRIBUTION	O DENTIL OU		,0 ,0 ,112 ,211111						
7	ATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PE			ORMED	20a AUTO	PSY?		ES, WERE FIND		
L	CERTIFICATION						YES 🗀	NOD		TIFYING CAUSE	NO	
_	ER.	210. ACCIDENT WAS UNDERLYING			21c. HOW	NJURY OCCURR	RED (ENTERNA	TURE OF INJUI	Y IN ITEM 18	PART I OR PART 2)		
1		OR CONTRIBUTING CAUSE OF DEA			101.8							
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER  214 INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCAT							
	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFIC	E. FARM ETC	SIRE	ET		CITY OF TO	WN	COUNTY	STATE	
			tal) attended the deceased from	n		19	, to			, 19	, that (1) (we)	lost
		saw the deceased alive on obove, (I) (we) (did) (did no	1) view the body ofter death.	, o	nd that in (m	y) (our) opinion o	deoth occurre	d on the de	ote and ha	our and Irom th	e couses stated	1
		776. SIGNATURE			DEGREE		700	Local		22c. DAT	ESIGNED	
,						PHYSICIAN [	MEDICAL DIRECTOR	STAF		8/	24/84	
		224 PHYSICIAN'S NAME (TYPE O	OR PRINT)	14-1-14	22e. ADDRI			18.55				
		Hall.P.	11414			St.	AGnes	Hos	spita	al		
		BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF	CEMETERY OF	CREMATORY	23d LOCA	ATION OR IOWN		20.41		
		crematio	n 8/25/84	Westv	iew C	remator		const	7i11	e Balt	o. Md	
	24 FL	UNERAL DIRECTOR					E REC'D. BY R		25b. REQH	STRAR'S SIGNA	TURE	80
	Am	hrose Funera	1 Homo 1328	Culn	him C	n Dd	VIIC J	2 100	1 chu	cha Deuras	an-Manda	الال

1328 Sulphur Sp.Rd.

DHMH - 16 50M 4/83 (VRA 15, 4)

Ambrose Funeral Home

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and ca should be detached for use as the burial-transit permit. Then please remove carban papers. Pages Lawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 them than injury, or other traumatic event, the

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in the funeral dishards should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

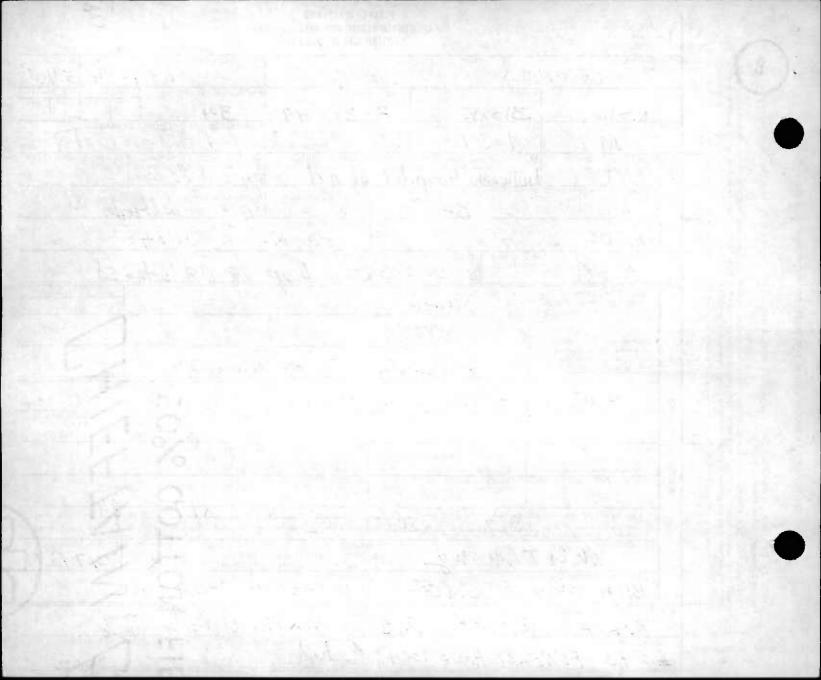
### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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dim.			-	>

4	1:	REGISTRAR		CERTI	FICATE OF DEATH	REG	. NO.		
		PEASED NAME FIRST REGIN	VALD	W	ATTS	20 DATE OF DEATH	8 -	7-84	26. HOUR F
	3. SEX	Male	Black	S. DATE	OF BIRTH  TH JAY  YEAR  YEAR	6 AGE (IN YEARS LAS	1 SRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
35	C	STHPLACE ISPATE OF FOREIGN DUNTRY)	76. CITIZEN OF WHAT CO	MARRI			ALLE	5.01	Ty .
Ha.	B	ALTO.	LUILEND H	OSO TU	or other institution	120 USUAL OCCUP	ATION STAT WELL	INDUSTRY	OF BUSINESS OF
3.E	130 S	Ma	NTY 13t. CITY	Y OR IOWN	13d. INSIDE CITY LIMITS?	STREET ADDRE	s. ash	Furton.	ST
00	C	JAMES R	MIDDLE YOUNG	LAST	15. MOTHER'S MAIDEN N	H F MIDDE	WAT	45 LAS	1
Ĵ		ES, NO QUILLENOWN (IF YES, GI	RMED FORCES? 166. SOO	54 2813	Lullen Host	2 730 as	hbun	ton st	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	inly one couse per line for ED BY:	well				BETWEEN	IMATE INTERVAL ONSET AND DEATH
			DUE TO, OR AS AC	ONSEQUENCE OF			30	11 3×4	UNIVE OF
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS AC	CONSCOUENCE OF	intra AL	>domina	el	1	
	NOI	PART 2. OTHER SIGNIFICANT ACUE N				MINAL DISEASE OR C	ONDITION	GIVEN IN PART 11	luce
2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION	WAS PERFORMED	YES NO	IN CER	YES, WERE FIND IN TIFYING CAUSES YES [	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ann I	Y ONTH DAY YEAR 19	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF	INJURY IN ITEM I	8 RARI I OR RART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE	(AT HOME, STREET, FACTO	RY DRY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY O	RTOWN	COUNTY	STATE
		22a. I certify that (I) (this hosp sow the deceased alive or	n_X/7	19 84	and that in (my) (our) opinio	n death occurred on the	e dote and h		that (I) (we) los couses stated
		above, (I) (we) (did) (did no 22b. SIGNATURE	T DWW	1	DEGREE  1. O . ATTENDING PHYSICIAN	MEDICAL S	STAFF YSICIAN	22c. DATE	51GNED 7 /8 4
1		BICH THY	Y Duon	19	120 ADDRESS WTHER	CAN HO	SPIT	AL	
		URIAL, CREMATION, REMOVAL	23b. DATE 84	231. NAME OF	CEMETERY OF CREMATORY	23d LOGATION	istro	Tours	STATE
2	24 FU	NERAL DIRECTOR	IEDDI HOM	ADDRES 3047	Centre 250. D.	ATE REC'D. BY REGISTE	PAR 25b. REG		URE 4

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.



X	4 .	1, 1061	LEASED NAME OF FEHRE	(E) Years		WIDDLE		LAST			20. DATE KNO	MN K WONTH	DAY YEAR	26 HOU
1	more de la	000	(SATERIA)	Will	iam			Weathe	erbee	Jr.	DEATH MAT	ED 0 8	1719 8	4
1	TO THE	J. SEX		4. RACE	5. DATE OF BIRTH	YEAR		FUNDER 1 YE		24 HRS.	20 DATE	HTHOM	DAY YEAR	2d HOU 9:36
,	W0000	ma	1e	black	3 17	5.5	29 YRS.				DEAD	8	1719 84	4
	SA SES		RTHPLACE I	13 ATS 234	76. CITIZEN OF V	VHAT COU	VTRY? 8.	ARRIED X	VEVER MARR	IED 🗍	9 BALTIMORE	CITY OR COUN	ITY OF DEATH	
	京語の音楽	1422	rylar		U.S.	Α.		DOWED [	DIVOR		Balti	more Ci	tv.	M
•	A PAR S	18. CI	TY OR TOWN	OF DEATH	11, NAME OF HO		JRSING HOME, OF	OTHER INSTI	TUTION			N (TYPE OF WORK		
	ALAESO/	В	altimo	re			ott Key F	ospita	1	POK N	OSI OF WORKING I	ire)	OK II 4DOS	) I K I
S ACENTA				E (IF IN NURSING HOM	OR OTHER INSTITUTION,	GIVE RESIDENC	E BEFORE ADMISSION)			In ann				
130	S CHEER A	134. S	aryla	13b COU	NIY		y or town altimor		ECITY LIMITS?		ET ADDRESS	lede R	oad 2	1206
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× .	# 5 % 9 % A	7	EWEST		MIDDLE	77 -	2.101				MIDDLE		Chambe 1	+100
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TIM	新型5%5 \		ES, NO, OR UNKN		E WAR OR DATES)								1 1	
BAL	JRS AFTER B. GIVE PA WITH FOR F. PAGES DIVISION		YES				4-64-40	3/ Rut	h Wea	thei	cbee 5	902 La		KO a C
12	N. S. W.			OF DEATH (Enter of EATH WAS CAUS	only one cause per lin		o), ond (c).)							ISET AND DEAT
N	AL. AL.		1		ATE CAUSE (a)									
201 W. PRESTON ST	A A A A A A A A A A A A A A A A A A A		7131			R AS A CO	NSEQUENCE OF							
ex ex	AAN			ons, if any, which rise to immedio		3300				300				
`.	SE TENT			o) stating the <u>under</u>	DUE TO, O	R AS A CO	NSEQUENCE OF							
	SA EX		Tyling Co	1056 1051.	(c)									
DS.	AAN BENEFICIAL STATES		PART 2 OTHER	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEAT	H RUT NOT REL	ATEO TO THE TERMINAL	ISEASE OR CONDI	TION GIVEN IN PA	ART 1 (a).				
RECORDS.	ULD BE EXECUTED WITHIN 24 HOUR "PENDING" IN PENCIL IN ITEM 18. HE MEDICAL EXAMINER ALONG WE AS A BURIAL - RANSIT PERMIT HEALTH AND MENTAL HYGIENE, DIRECTED AS A BURIAL - REMOVAL. CREMATION, OR REMOVAL.	NO												
200	98 4 9 7	CERTIFICATION	190. DATE C	FOPERATION	196 COND	ITION FOR	WHICH OPERATION	N WAS PERF	ORMED?				20 AUTOPS	Y?
VITAL	오유북SP호	Ĕ											YES X	NO
P V	THICATE SHOULD GO THE WORD POULD BE USED HOULD BE USED ARTIMENT OF HER RIOR TO BURIAL	1 %		IAL CAUSE WAS	21b. TIME C			It. HOW INJU	RY OCCURR	ED (ENTERN	ATURE OF INJURY IN	ITEM 18 PART 1 OR P		
DIVISION OF	A HOUSE		UNDERLYIN	G OR	F DEATH P.		DAY YEAR							
ISIC	SHO TO TO SHIP	MEDICAL	21d INDIDA	OCCUPPED	21e PLACE	OF INJUR	Y (AT HOME, 2	f. LOCATION						
>io	HIS CERTIFI WRITING T ARDED TO AGE 3 SHO ATE DEPAR 1201 PRIOR	¥	WHILE	NOT WHILE	STREET, FA	CTORY, FARM,	ETC.)	STREET			CITY OR TOWN	C	OUNTY	STATE
	F . < & F ??							5z)						
	L EXAMINER: E CERTIFICATE DULD BE FORM: L DIRECTOR: H, WITH THES MARYLAND,		22a 1 cer		ge of the remains d	escribed ob	ove, held on	wopsy X.	Inspectio	on 📙 ,	Inquiry	, and in my o	pinion	
	ME BELLEVIEW		deoth resu	Ited from. No	ufalkouses X.	Accident	A, Suicid	L, Hai	micide .	Undete	ermined manner	<u></u>		
	MAR WAR		ACTUAL	(11	/1000	[1/]	The of		(SPECIFY)			0.450		100
	A H H H H H	1	SIGNATURE	1//	MUG	W	Mond	_ M.Dept	uty Ch	ief	CAL EXAMINER	DATE SIGN	ED 8/18	/84
	MEDIC CUTE T GE 4 SI FUNE FUNE FUNE FUNE FUNE FUNE FUNE FUNE	1	EXAMINER'	S NAME TO					222		a	2.		
	TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUL TO FUNERAL D. AFTER DEATH. BANTIMORE, M.		TYPE OR PR	INT) Th	omas D. Si			ADDRESS	J	Penn	St. Ba	lto.,MD	•	
	5XX 5AX			ATION, REMOVAL		236	NAME OF CEMETI			23d. LO	CATION	co	UNTY	SJAY
	BPS 30		BURIA		8/22/84	G	arrison	Fores				ills,		Mď.
	DHMH - 17		JNERAL DIRE		ADDRE	SS			250. DATE	REC'D. BY		REGISTRAR'S	SIGNATURE	
	(VR A15 ME (5))	Wr	n C M	arch F/	H Inc. ADDRE	101	E North	Avenu	DUHar	40	1984 1	1. 1221 630	n-Mandall	-

DHMH - 17 (VR A15 ME (5)) 20M 4/82

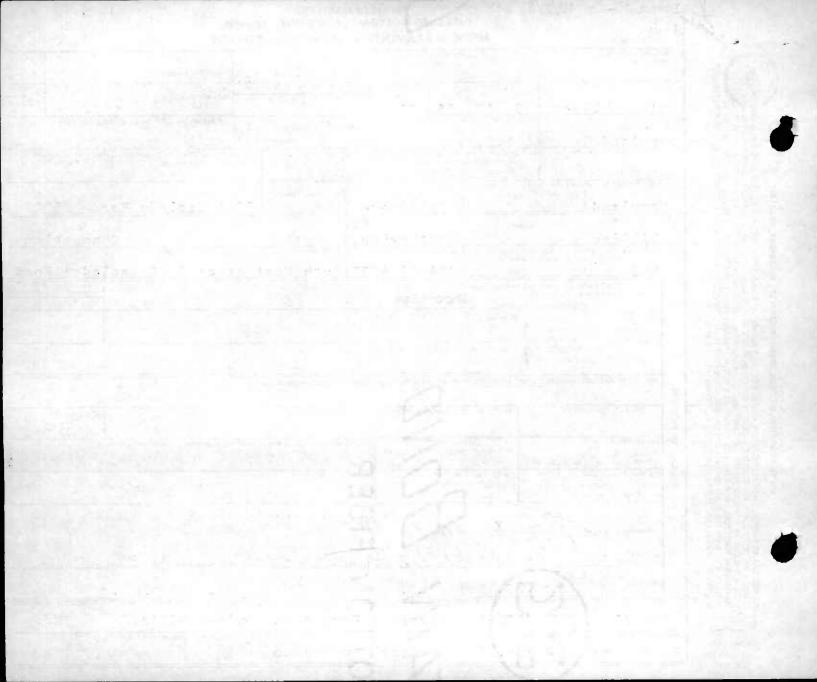
Ttems 18-22a 10/2/84 mtb F#596 STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO.



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FOR STATE REGISTRAR

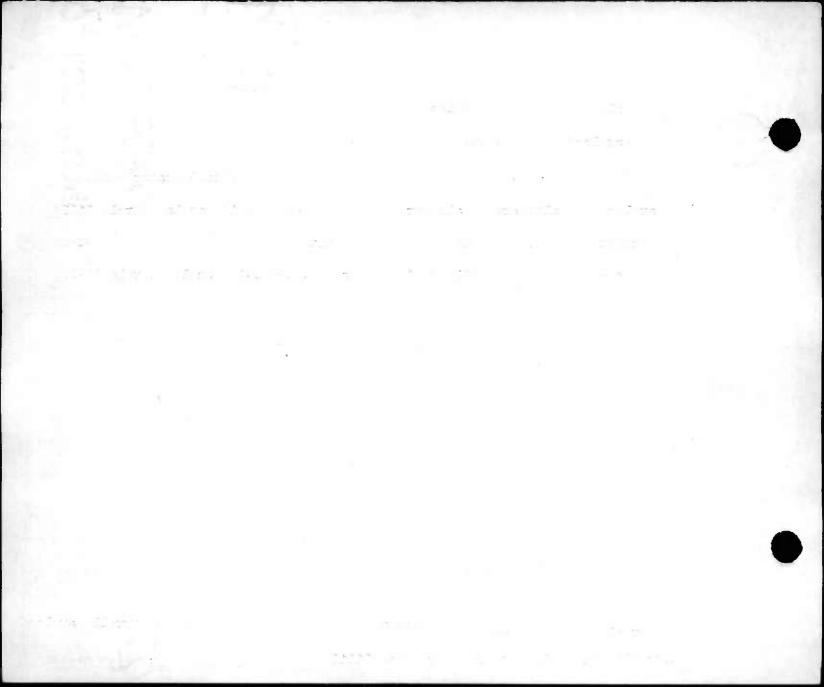
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

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6 00	8		-	
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- 1		REGISTRAR				01 01/11		REG. NO.				
ı		CEASED NAME FIRST	-	MIDDLE	l	AST		20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR	<b>?</b>	
	{TYPE	ORPRINT) ALVA AI	RTHUR		WI	EBB.		8.5.	- 84 ·	4.1:	SAM	
	3. SEX	M Male	4 RACE	White	5. DATE C	DAY Y	EAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS	MIN.	
. 1	7	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	. 11	- 26 - 0	0	9 BALTIMORE CITY OR COUNT	TV OF DEATH			
4		Maryland	U.S.		MARRIED WEVER MARRIED WIDOWED KX DIVORCED			BALTIHORE CITY				
1	M CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTI		120 USUAL OCCUPATION	126 KINDO	F BUSINES	MD. SS OR	
9	B	ALTIKORE/	GROOD	SAHAR	ADDRESS)	V HOSPI	TAL	Sub.Sta.Operate				
5	13a. 5	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN Maryland Bal		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	N	13d INSIDE CITY LIV		13e STREET ADDRESS / ZIP COI 6915 Lachlan (	Elircle 2	1239		
7	-	THER'S NAME				15 MOTHER'S MAI				110,		
a			E.	Webb		Inez		WIDDIE	S	tone		
0		VAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRESS				
4	(1	(IF YES, GIV	E WAR OR DATES)	213-05-9	108	Miss N.V.	Webb	6915 Lachlan C				
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per D BY:	line for (a), (b), one	d (ch)		-+		BETWEEN	MATE INTERV ONSET AND D	ZEATH	
		IMMEDIA	E CAUSE (a)	Coloda	ac	anne	21					
1		DUE TO, OR AS A CONSEQUENCE OF										
ı		Canditions, if any, which gave rise to immediate	(b)	Typea	104	04 07	4	as essena				
		cause (a), stating the underlying cause last.	DUE TO, O	R AS AJCONSEQUE	ENCE OF		1					
		PART 2 OTHER SIGNIFICANT (	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEASE OR CONDITION G	IVEN IN PART 10	2	=	
	Z O	Trans 2 of the Robot Wiles and	-0	<u> </u>								
7	CATI	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	)		ES, WERE FINDIN			
	MEDICAL CERTIFICATION								YES [	NO [		
7	G	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	LIGHT A		AY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PART ( OR PART 2)			
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER			19							
1	ED	214 INJURY OCCURRED	21e. PLACE	OF INJURY	a Dan EVC 1	211 LOCATION		CITY OR TOWN	COUNTY	ST	ATE	
	2	AT WORK AT WORK	(ATTIONE ST	TACIONI, OFFICE	Anm, etc. 7							
		220 I certify that (1) (this hospi		e deceased from_	7-	30 19	84	108 - 5	1984	that (h (w	re) last	
		saw the deceased alive an above, (1) (we) (did) (did no		after death.	34. or	nd that in (my) (aur)	opinian de	eoth occurred an the date and ho	our and from the	causes stot	ted	
		226. SIGNATURE				DEGREE			22c. DATE	SIGNED		
,		Timesh	CTA	puro	ne	ATTEN PHYSI		MEDICAL STAFF DIRECTOR PHYSICIAN	8	5 8	4	
/		224. PHYSICIAN'S NAME (TYPE C	R PRINT)	V	44	22e ADDRESS	_	4.1.		7		
		SIREESH K	TRIF	URANI	ENI	600D		AHARITAN	HOSPI	TA	_	
		BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE			emetery or crem n View	ATORY	Union Bridge	C = 50WN71 1	Marri	l'and	
	5. 5:	Burial	8-8-	84	Juillal		af . p				Land	
		UNERAL DIRECTOR	1 17 6	FOO ADDRESS	D 1		ALIC	REC'D. BY REGISTRAR 25b. REGI	A	URE		
	MII	tchell-Wiedefel	a Home6	DUU York	Koad	21212	AUG	1 3 1984	Davidson-D	andelle	7	

DHMH - 16 50M 4/83 (VRA 15, 4)

to FUNERAL DIRECTOR chauld be detached for un with the State Dept. of He



	STATE OF MAKE
FOR	DEPARTMENT OF HEALTH AND
STATE	
DECISTRAD	CERTIFICATE OF

3. SEX

completely filled in by the funeral director, s I and 2 should be filed within 72 hours offi

eose remave carbanpopers. Poges 1 injury, or other troumotic event, the medical

should be detached for use as the burial-transit permit. Then please remaye carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If Hem 21 is marked ar Item 18 shows any

(SPECIFY)

24 FUNERAL DIRECTOR

Burial

certificate has been

TO FUNERAL DIRECTOR: After this

OR ATTENDING

etained by the hospital O HOSPITAL

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en signed by the o Then please rema

ofter death.

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STATE OF MARYLAND

1 - 3	FOR STATE REGISTRAR				DEP	ARTMENT OF H	EALTH AND		IENE	G. NO.				
DECE	ASED NAME	F	IRST .		MIDDLE	ı	AST		2a DATE OF DEA	TH MO	HIM	DAY YEAR	2b. HO	UR
(TIPE CA	remij	GLO	RIA		D.	WEBE:	R		Augus	t 2	6,	1984	12	MQ
3. SEX			4	RACE		5. DATE C			6 AGE (IN YEARS I	AST BIRTHO	AY)	IF UNDER 1 YE		R 24 HRS
F	emale			Whi	te	O C		1934	40		YRS	MONTHS DAY	S HOURS	MIN.
	HPLACE (SI	ATE OR FORE	ign 7	. CITIZEN OF		ITRY? B			9. BALTIMORE C	ITY OR C		Y OF DEATH		
	ntuck	()		II S	.A.	MARRIE		MARRIED .	Baltim	ore	Ci	tv		MD.
_	OR TOWN C		ı	1. NAME OF	HOSPITAL, N	URSING HOME C	- 23		12a USUAL OCC			126 KINE	OF BUSIN	
Rai	ltimo	re	13	Home -	3814	STREET ADDRESS)	o Naco N	a+ 0+	(TYPE OF WORK FOR					70.7
					2	BEFORE ADMISSION)	argar	et St.	Assemb	TA	MOL		eral	Elec
13a ST	ATE		COUNT		13c. CITY OF	TOWN			13 STREET ADD				21225	
	Md.		==		Balt	imore	YES 😿	NO []		t. I	Mar	garet	Str	eet
14. FATE	HER'S NAME			IDDLE	LAS	ī	15. MOTHER	R'S MAIDEN NA		DIF			LAST	
	Willi	iam			rring		A	rgie					ders	
4	S DECEASED		4.6.	ED FORCES?		SECURITY NO.	17 INFORM		-	DDRESS				-
(YES	NO OR UNKNOW	WN) (	F YES, GIVE	WAR OR DATES)	218	30 6506	Milt	on Arr	ington	111	Ma	rlev	Neck	Rd.
1	CAUCE OF	DEATH	Cata and	one couse per			1111111	011 1111	2115 0011		1.10	APPR	OXIMATE INT	RVAL
- [	PART I. DE	ATH WAS	CAUSED	BY:	Ca	A			+			BEIWE	N ONSET AN	DURAIH
		IM	MEDIATE	CAUSE (o)	Can	awgus	war-	anes				_		
- 1				DUE TO, O		SEQUENCE OF			. A	4 14		1 0	- 1-	
	Conditions, it			(b)_	pr	deble	wenn	a lacu	te renal	Jalle	M	110	abu	X
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	underlying	cause	last.	(c)_	con	real or	winon	-0					- 4/0	1
P	PART 2. OTHE	RSIGNIF	CANT CO	ONDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR	CONDIT	ION G	IVEN IN PART	110	
8														
AT	a DATE OF C	PERATIO	N	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERF	ORMED	20a AUTOPSY			ES, WERE FIN		
ERTIFICATION									YES NO			IFYING CAUS	ES OF DEA	
E 17	In ACCIDENT W	VAS UNOERL	YING 🗆	71b. TIME C	OF INJURY		71c HOW	NJURY OCCUR	RED (ENTER NATURE					

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Burni

AUG 2 8 1984

COUNTY

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Md

	William	N		rringt	on	Are	•		WIDDIE		Sande	re
	WAS DECEASED EVER	N U.S. ARMED	FORCES?	16h SOCIAL SE		17 INFORMANT	- C		ADDRES	5	Danac	- 0
(	YES, NO OR UNKNOWN)	(IF YES, GIVE WAI	R OR DATES)	218 30	6506	Milton	Arri	ngtor	111	Marl	ey Ne	ck Ro
	18 CAUSE OF DEATH W PART I. DEATH W Conditions, if ony, gove rise to imm couse (ol, storin underlying cause	AS CAUSED BY IMMEDIATE Co	DUE TO, OI	Cand R AS A CONSEC	DUENCE OF	venno	(acute	nena	) Jail	une)	8 d	laux
	PART 2. OTHER SIGN	IFICANT CON	DITIONS CO		1,00		THE TERMIN	AL DISEASE	OR CONDI	TION GIVEN	IN PART 110	روسي
ATION												
CERTIFICAT	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHI	ICH OPERATIO	N WAS PERFORM	ED	20a AUTOF			ERE FINDING:	
_	718. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJUR	Y OCCURRED	(ENTER NATO	JRE OF INJURY	IN ITEM IS PART	ORPART 2)	
MEDICAL	214 INJURY OCCURR	RE [	21e PLACE ( (AT HOME STR	OF INJURY REET, FACTORY, OFFI	CE, FARM ETC )	211. LOCATION STREET			CITY OR TOWN	4	COUNTY	STATE
	22a.   certify that (1) sow the decease above, (1) (we) (d	d olive on	8/2	19	e U	d that in (my) (au	Dopinion dec	, to	on the date	ond hour or	-	ot (I) (we) la uses stated
	22h SIGNATURE	2	3	Olbert	I	PHY		MEDICAL DIRECTOR	STAFF PHYSICIA		22c. DATE SK	1/84
	JON 1	ME LLA		.))		22e ADDRESS	11-016		1-60	CALT	. MI	. ,
						JOHNS				BALTO	١. ١٩٠١	
	BURIAL, CREMATION,	REMOVAL 2	B. DATE		St. NAME OF C	EMETERY OR CRE	MATORY	23d. LOCAT	ION IR TOWN	c	OUNTY	STATE

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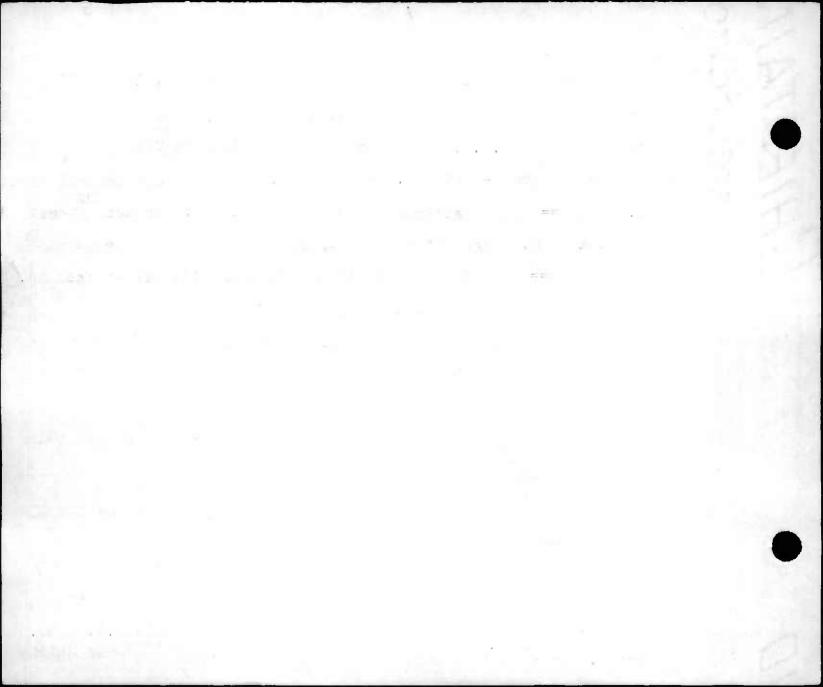
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DHMH - 16 50M 4/83 (VRA 15, 4)



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DHMH - 16 50M 4/83 (VRA 15, 4)

# STATE OF MARYLAND

	- STATE REGISTRAR			EALTH AND MENTAUMYG ICATE OF DEATH	REG. NO	2	/	
	CEASED NAME FIRST	WIDDIE	i	AST		MONTH DAY	YEAR	2b. HOUR
(TYPE	FOR PRINT)  JOH	V W.	Ţ	WEBER SR.	AUGUST 9	1984		8:4
3. SE		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	IHDAY) IF UN	IDER I YEAR	# UNDER 24
	M	W		24-1929	55	YRS		HOURS A
	IRTHPLACE ISTATE OR FOREIGN COUNTRY)	U.S.A.	RY? 8. MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O BALTIMOR	_		
10. CI	BALTIMORE	11. NAME OF HOSPITAL, NU (IE NOT IN SUCH FACILITY, GIVE S THE JOHNS H	TREET ADDRESS)	OR OTHER INSTITUTION  HOSPITAL	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF SECURITY G	F WORKING LIFE)	NOUSTRY	BUSINESS
USU		OR OTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 2204 E	ZIP CODE _		123)
14 FA	ATHER'S NAME WILLIAM	HI WEBER	Sr.	15 MOTHER'S MAIDEN NAM	ARA MIDDLE		LAST	
	WAS DECEASED EVER IN U.S., IVES NO OR UNKNOWN) (IF YES.	RMED FORCES? 168. SOCIAL	-4806	Mu. Totala E	. Waber - 22		Pratt	2123
		anly ane cause per line for (a), (b SED BY: ATE CAUSE (a) A SPLRA	and ich			-		NATE INTERVAL
	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF					
Z O	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING				DITION GIVEN II	N PART IIo	
FIFICATION			'acardia	L INFARCTIONS		206 IF YES, WE IN CERTIFYING	RE FINDING	GS USED
DICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN  MULTIPLE STREE  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CHESTAMP	196 CONDITION FOR WE  216. TIME OF INJURY HOUR A.M. MONTH EER) P.M.	CARDA HICH OPERATIO	N WAS PERFORMED  211 HOW INJURY OCCURR	200 AUTOPSY?  YES NOW  NED (ENTER NATURE OF INJUR	206 IF YES, WE IN CERTIFYING YES	RE FINDING G CAUSES ( ) OR PART 2)	GS USED OF DEATH? NO [
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT  MULTIPLE STREE  198 DATE OF OPERATION  218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	196 CONDITION FOR WE  216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR  19  FICE EARM ETC.)	N WAS PERFORMED  21c HOW INJURY OCCURR 211 LOCATION STREET	200 AUTOPSY?  YES NOW  ED (ENTERNATURE OF INJUR	20b IF YES, WE IN CERTIFYING YES TO THE TENT OF THE TE	COUNTY	GS USED OF DEATH?
_	PART 2 OTHER SIGNIFICAN'  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C IE EITHER NOTHEY MEDICAL EXAMINATION 210, INJURY OCCURRED  WHILE NOTHEY MEDICAL EXAMINATION AT WORK  220, I certify that (1) (this hos saw the decease drive above 1) (we) (did) (did)	196 CONDITION FOR WE  216. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME STREET FACTORY OF)	DAY YEAR  19  FICE EARM, ETC.)	N WAS PERFORMED  216 HOW INJURY OCCURR	200 AUTOPSY?  YES NOW  CITY OR TO	20b IF YES, WE IN CERTIFYING YES TO THE MEDITEM IB PART 1.	COUNTY 1 from the co	GS USED DF DEATH? NO  STAT
_	PART 2 OTHER SIGNIFICAN    Part 2 OTHER SIGNIFICAN   Part 2 OTHER SIGNIFICAN   Part 2 OTHER SIGNIFICAN   Part 3 OTHER SIGNIFICAN   Part 4 OTHER SIGNIFICAN   Part 4 OTHER SIGNIFICAN   Part 5 OTHER SIGNIFICAN   Part 6 OTHER SIGNIFICAN   Part 7 OTHER SIGN	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY OF)  21d ottended the deceased from 9  AULUST  1001 view the body ofter death.	DAY YEAR 19 FICE EARM ETC)	211 LOCATION SIREE  211 LOCATION SIREE  211 LOCATION SIREE  ATTENDING PHYSICIAN  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NOW  CITY OR TO:  to 9 HUGU!  death occurred an the de  MEDICAL STAF  DIRECTOR PHYSIC	20b IF YES, WE IN CERTIFYING YES TO Y	COUNTY  Transfer the county	GS USED DF DEATH? NO  STATI
_	PART 2 OTHER SIGNIFICAN'    CONTRIBUTION	21b. TIME OF INJURY HOUR A.M. MONTH EATH P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY OF	DAY YEAR 19 FICE EARM ETC)	216 HOW INJURY OCCURRED  216 HOW INJURY OCCURRED  211 LOCATION STREET  19 89  10 that in (our) opinion of the property of the	200 AUTOPSY?  YES NOW CITYORION  CITYORION  death occurred an the do  MEDICAL STAF  DIRECTOR PHYSIC	20b IF YES, WE IN CERTIFYING YES TO Y	COUNTY  Tram the country  SPIT	GS USED DF DEATH? NO STAT

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IMPORTANT: If Hem 21 is

MEDICAL

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After this certificate has been use as the burial-transit permit.

should be detached for use as the burial-transit with the State Dept. of Health and Mental Hygi

offending physician

physician

	FOR	
-	STATE	
	REGISTRAR	

DEPARTA	1 7	9 9					
alena	Weir	20. DATE OF DEATH	MONTH 8	17	YEAR 84	2b HOU	JR
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDE	RIVEAR	IF UNDER	24 HRS
	April 1 1906	78	YRS	MONTHS	DATS	HOURS	MIN
AT COUNTRY?	8	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		

DECEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
	Ethel		Salena		Weir			8	17	84	350	М
SEX		4 RACE		5. DATE O			6 AGE IN YEARS LAST	BIRTHDAY)	IF UND	ER I YEAR	IF UNDER 24	-
Female		Blac	k	Ar	oril oril	1906	78	YRS		DATS	HOURS A	WIN.
BIRTHPLACE (STATE		76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER N	A DDIES <b>Y</b>	9 BALTIMORE CITY	OR COUN	ITY OF D	EATH		
S. Caroli	na	U.S.A		WIDOWE		ORCED	Baltimo	ore C	ity			MD.
CITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INST	ITUTION	120 USUAL OCCUPA				F BUSINESS	OR
Baltimore		1100 Pe	nna. Ave.	ADDRESS)			Factory V	Vorker	C LIFE) INL	DUSTRY		
SUAL RESIDENCE (IF)	NURSING HOME OF		1136 CITY OR TOWN	V	13d. INSIDE CI	TY LIMITS?	13 STREET ADDRESS	S _			2121	71
Maryland			Baltimor	e	YES 🗙	NO 🗌	1100 Penns	sylvar	nna P	ive	71010	
FATHER'S NAME		MIDDLE	LACT		15 MOTHER'S	MAIDEN NA						
Thomas	Pr	resley	'SWei	r	Lou	ise	MIDDLE		Ric	e LAS		
WAS DECEASED E			166 SOCIAL SECU	RITY NO.	17. INFORMAL	NT	ADD	RESS				
NO OR UNKNOWN	(IF YES, GIV	VE WAR OR DATES)			Cora V	W. Evar	is 713 Hill	top S	St. H	li gh F	oint,	N.C
			line for Q, (b), and	(c1,)	-					APPROXI	MATE INTERVAL	ATH
PART I. DE AT	H WAS CAUSE IMMEDIA	TE CAUSE (a)	_ (icu	TU	hyor	order	u Hour	1 .				
			R AS A CONSEQUE	NCEOE			0		201			3
Conditions, if	onv. which	( , , )	ari		eclel	ui						
gave rise to		10)		, , ,	, , , , , ,							

PART I. DEATH WAS CAUS	nly one cause per line for Q. (b), and (c).  ED BY:  ITE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  LUSTRUCE  THE TOP TO THE	

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED

HOUR A.M. DAY OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED

211. LOCATION STREET 21e PLACE OF INJURY COUNTY AT HOME STREET FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE

220.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN STAFF 8-20-FY

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL 11h DATE

8/23/84 Arbutus Memorial Park Burial
24 FUNERAL DIRECTOR

Baltimore Maryand

DIRECTOR | PHYSICIAN |

STATE

Wm. C. Brown Comm. F.H. 1206 W. North Ave.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

and the second countries of the second countries and the second countries of the second countries of
The true is you in the
Marchest 1980 1 Saul Law Rolling For the Control of

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. FOR - STATE

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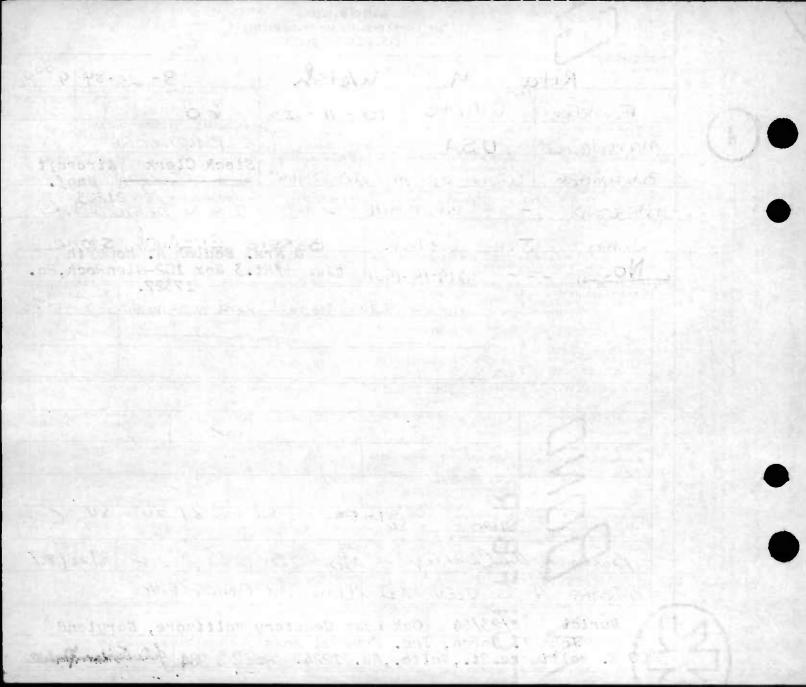
# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH

	REGISTRAR			CERTIFICA	E OI DENIII	REG. NO	O.		
	ECEASED NAME	FIRST	MIDDLE	LAST	^	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
(TAI	PE OR PRINT)	Rita	M	111	ich		2 - 21	1.84	1120 p.
3. SI	rv		RACE	S. DATE OF BIR	TH	& AGE LIN YEARS LAST BIR	HDAYI IE	LINDER 1 YEAR	IF UNDER 24 HRS
3. 31	^			MONTH	DAY YEAR	AOL INCLUSION		NIHS DAYS	HOURS MIN
	1-cm	ale	white	10-	11-23	60	YRS		
70. E	SIRTHPLACE (STATE (	OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
P	marella	5 md	1154	WIDOWED	DIVORCED []	BALT	MOR	6 .	M
10 (	ITY OR TOWN OF D	EATH 11.	NAME OF HOSPITAL, NURSI	NG HOME OR OT					F BUSINESS OR
20 -	D. A	~	JIF NOT IN SUCH FACILITY, GIVE STREET		1.1011-P	Deto Carton losto	GVD KIG LIFE)	ne busine	rajt
1057	BALTIMO		HER INSTITUTION GIVE RESIDENCE BEFOR	MRYL	AND HOSP			Mn	gf.
	STATE	136 COUNTY	113c CITY OR TON	/N 0134	NSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	21205	
SIA	MARYLANS		BALTI	MUERO YES	NO [	514 N.	Bein	ord 7	ve
14. F	ATHER'S NAME	MIDI		15. A	OTHER'S MAIDEN NA	ME	A .		
20	1)(5)=	MID	1.001<	- 0.	Bessi	0 Fliza	Latha	Sith	20
160	WAS DECEASED EV	ER IN U.S. ARMEI	D FORCES? 166 SOCIAL SECT	JRITY NO. 17. I	FORMANTIC MI	s. Beulon	Syl H	owalt	h
1	(YES ATO MKNOWN)	(IF YES, GIVE W.		1001	1 000 -+/R	t. 3 Box 1	02-01	on Roc	k Pa
1	A LYON	1	- 1219-14	-1901	1710	12	727		
	18 CAUSE OF DE	ATH (Enter only o	one couse per line for (a), (b), or	id (c).)		17	251.	BETWEEN	MATE INTERVAL ONSET AND DEATH
110	PART I. DEATH	WAS CAUSED B	1.31/10/11	nustas	tates malic	nant mel	anoma	5	months
	7 1 1 1 1 1 1 1	IMMEDIATE							
			DUE TO, OR AS A CONSEOU	ENCE OF		ALL O HIS I			
	Conditions, if or		(b)					-	
	couse (o), sto	iting the	DUE TO, OR AS A CONSEOU	ENCE OF				1000	
	underlying cou	use last.	(c)						
4 52	PART 2. OTHER SI	GNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART II	
N	1								
CERTIFICATION	190 DATE OF OPER	RATION	19b. CONDITION FOR WHICH	OPERATION WA	S PERFORMED	20g AUTOPSY?		WERE FINDIN	
1 2	10000						1	NG CAUSES	
			AN THE OF BUILDY	121	HOW BUILDY OCCUPA	YES NO	YES		NO 🗌
4	OR CONTRIBUTING		21b. TIME OF INJURY HOUR A.M. MONTH D		HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I I OR PART 7)	
1 4	(IF EITHER, NOTIFY M		P.M.	19					
EDICAL	214 INJURY OCCU	JRRED	21e. PLACE OF INJURY		LOCATION	CITY OR TO	44	COUNTY	STATE
X	WHILE NO!	WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM ETC )	STREET	CITY OR TO	AAIA	CODIVIT	STATE
		WORK		Columbia	- C/	( ) (	×2 /2	071	
		Property of the last of the la	attended the deceased from.	814	19 86		- 19		thotell (we) los
		ased alive on	iew the body ofter death.	ond the	t in (my) (Sur) opinion	death occurred on the de	ote and hour a	and from the	couses stated
	226 SIGNATURE	<b>O</b>	6 0	DEGR	EE			22c. DATE	SIGNED
	Barl	iara l	1. Conley	N	ATTENDING PHYSICIAN F	MEDICAL STA		8/2	0)/82/
-	22d PHYSICIAN'S	NAME ITYPE OF PR	(NI)	1220	ADDRESS	J DIRECTOR PATSIC	,IAN	1 9/	7
1	A 0000	20 0			1 10 1	Cancer Co	ner		
	MHOTH	(H) /4.	CONCEY.	NO (	iniv//la	( which co	THUI		353
23a	BURIAL, CREMATIO				ERY OR CREMATORY	23d LOCATION			
	(SPECHY) Buri	al	8/23/84 0	ak Lawn	Cemeteri	Baltimo	re. Me	arula	nd
74 5	UNERAL DIRECTOR					E REC'D. BY REGISTRAR			LIRE
	000°E. 1	Dal 4 for	re St., Balt	- Purle	1 a c monte		4.5. K		10.00
12	L. A	altimo	re Dt., Balt	0. , Ma.	21224. AL	10 4 4 1984	Therene	A LIGHT	THE PARTY

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN, The low etoined by the hospital or attending physician. mpletely filled in by the funeral director, page ond 2 should be filed within 72 hours after death

corbonpopers. Poges

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

WPDRIANT If hem 21 is morked or hem 18 show

liury, or other troumotic event, the

by the ottending physicion

## STATE OF MARYLAND FOR 1 - STATE

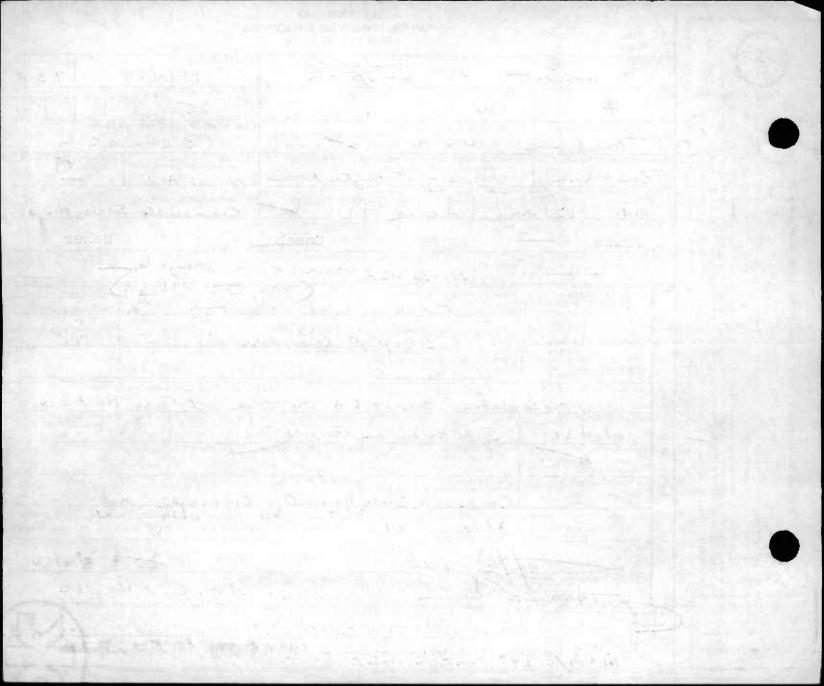
	_					
EPART	MENT	OF I	HEALTH	AND	MENT AL HYGIENE	
	CEF	RTII	FICATE	OF	DEATH	

10	REGISTRAR		CER	I IFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDI	Wei	nderholm	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	MARGAR	10 /	00 874	DERHOLM		7.307M
3. SE:	X Q	4 RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1	<i>T</i>	W		9 14 98	&S YRS	
	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY? 8	RIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
1	Tennspluanic	U	5 0	WED DIVORCED	Boetin	none City MD.
74 C	Ral Amo		CILITY, GIVE STREET ADDRESS)	souland Hosp.	120 USUAL OCCUPATION	126 KIND OF BUTTNESS OR
USU	AL RESIDENCE (IF NURSING HOME OF				Nussea High.	21000
13a S	md.	180	GIRSTRYW!	YES NO. 8	130 STREET ADDRESS / ZIP COL	Stale Hosp.
J4 FA	ATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME	- A LAST
	Frank —	I	leyde	Sarah		Baker
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166	SOCIAL SECURITY NO		ADDRESS	
	TES, NO OK ON KNOWN   THE TES, OF		20-32-615	2 Nearest Ki	n's doughte	
	18 CAUSE OF DEATH (Enter of	nly one couse per line	for (a), (b), and (c),)	(Mo	y Jo Allas	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	ED BY: .TE CAUSE (o)	Cardia	ovemony A	rest.	- 2 7/12
			A CONSEQUENCE O			
	Conditions, if ony, which	(b)	Bicale	0 0	50 one ma	. 780
	gove rise to immediate	DUE TO OP AS	A CONSEQUENCE O			
	underlying cause last.	(6)	A CONSEGUENCE O			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION G	IVEN IN PART I I a
N O	Met	de statis	Brecs-	+ CA to B	fem ,	- Froche
CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERA	TION WAS PERFORMED		ES, WERE FINDINGS USED
TE	8/10/84.	53	- troctante	- Femoral Fro	_ // /	YES NO
E. S.	210. ACCIDENT WAS UNDERLYING	110110 1 11	IJURY MONTH DAY YE		RED [ENTER NATURE OF INJURY IN ITEM 18	PART T OR PART 2)
1×	OR CONTRIBUTING CAUSE OF DE	AIN		19		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF 1		21f. LOCATION	CITY OR TOWN	COUNTY STATE
E	WHILE NOT WHILE	Com ion	FACTORY, OFFICE, FARM, ETC	le Hospital	Commerce	mcl
	22a 1 certify that (1) (this hasp	ital) attended the de		8/7 19 84	1,10_8/16	19 84 , that (1) (we) lost
	sow the deceased alive or above, (1) (we) (did) (did no	S / 6	19 84	, and that in (my) (our) opinion	deoth occurred on the date and ha	our and from the causes stated
	226. SIGNATURE	/ / A	A A	DEGREE		22c. DATE SIGNED
	-	11/2	and	ATTENDING PHYSICIAN [	MEDICAL STAFF  DIRECTOR PHYSICIA	8/16/84
	224 PHYSICIAN'S NAME ITUE	my Co	The same of the sa	22e ADDRESS		7.7
	TOHN	78/ Cr	toch	Chivers. 2	of mongland	Hop, La
71a, 1	BURIAL CREMATION, REMOVAL	IZA DATE	Z3c. NAME C	OF CEMETERY OR CREMATORY	23d LOCATION	
-	Burial	1	.1984 (Cha	of CEMETERY OR CREMATORY Garden	IS CHYORTOWN	St Mary's Md.
24 FI	INIERAL DIRECTOR		The same of the sa	25a DAY	TE REC'D BY REGISTRAR 256 REGIS	STRANSHIGNATURE
	MATTING	Matting]	LeyouLeona	rdtown, Md. 7	1 7984 CHILL David	Rale Naviance
	" " " NO	500 /	TICKNOT TIO			

DHMH - 16 50M 4/83

BP

(VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

retained by the hospital or attending physician.

DHMH - 16 50M 4/83

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and campletely filled in by should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

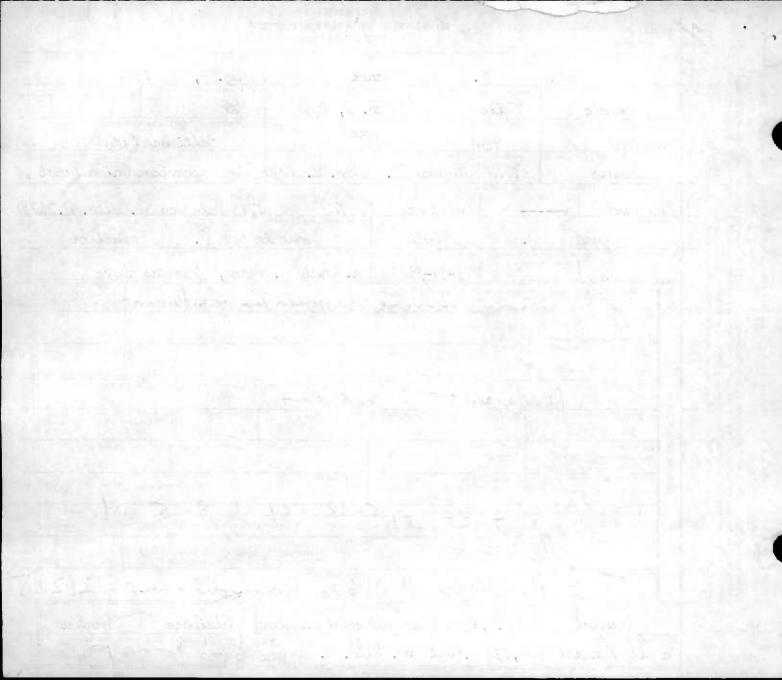
IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical examine

other funeral director, page 3 and within 72 hours ofter death

	FOR
1	CTATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR			DEI AN		CATE OF DEATH	REG.	NO.		
I		OR PRINT)	FIRST	M	MIDDLE	1/	AST	2a. DATE OF DEATH		DAY YEAR	2b HOUR
I		He	elen	L		Wern	ier	Aug. 5,	1	984	M
I	3 SEX		4	RACE		5. DATE O		6 AGE (IN YEARS LAST I	IRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
Į	/	Female		White		Feb	. 2, 1938 AR	46	YRS.		
		RTHPLACE ISTATE OR FOR	EIGN 71	CITIZEN OF V	WHAT COUNTR'	Y? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
1	.44	ruland	200	US	A	WIDOWE		Bala	imore	(ity	MD.
Ī		TY OR TOWN OF DEATH	1 1				R OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST			OF BUSINESS OR
1	B	Raltimore		1718	Patapsc	St. E	Balto.Md.21230	Bag Supe		Union	rust
	13a S	RESIDENCE (IF NURSING TATE 13 TRULAND THER'S NAME FIRST	b. COUNT		Baltin	ove	YES NO I	MIRDLE	_	t. Balto	MJ. 21230
4		Edward	7	R.	Abbo.	tt	Jeanett	e (.		Muell	er
1		AS DECEASED EVER IN		ED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADD	RESS		
1	(4	No	(IF TES, GIVE	WAR OR DATES	213-34-	7513	Mr. Ronald D.W	ennen. So	me as	above	
Ì		18 CAUSE OF DEATH	Enter anly	ane cause per	line far 1945 (b),	and ic:	Λ	er &	1 .	APPROX	MATE INTERVAL ONSET AND DEATH
ı		PART I. DE ATH WAS	CAUSED	BY:	ac	ute	Monoco	ter, Leu	Kenn	9	
ı			MEDIATE		R AS A CONSEG	LIENCE OF					
		Conditions, if any, v gave rise to imme cause (a), stating underlying cause	diate	(b)	R AS A CONSEC						
	NO	PART 2. OTHER SIGNIF	Rec	NDITIONS CO	ONTRIBUTING TO	O DEATH BUT	NOT REPLATED TO THE TERMI	NAL DISEASE OR CO	NDITION GI	VEN IN PART 1	0.
1	CERTIFICATION	19a DATE OF OPERATIO	N	196 CONDI	TION FOR WHIC	CH OPERAL OF	N WAS PERFORMED	20a AUTOPSY?	IN CERT	S, WERE FINDI	
		210. ACCIDENT WAS UNDER	ISE OF DEATH		M. MONTH		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL 21d, INJURY OCCURRE		P.A 21e PLACE C		19	21f. LOCATION				
I	ME	WHILE NOT WHILE			EET, FACTORY, OFFIC	E. FARM ETC )	STREET	CITY OR	OWN	COUNTY	STATE
		220.1 certify that (1) (t saw the deceased abave, (1) (we) (did			7	12/1	d that in (my) (aur) apinian c	, to	date and ha	ur and from the	that (1) (we) last causes stated
ı		22b. SIGNATURE	(did not)	l D (44)	after death.	,	DEGREE			22c. DATE	SIGNED
			Tul	Just		1-1-1-1	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌		
		22d PHYSICIAN'S NAM	E (TYPE OR	We We	uiss -	-M.D.	606 Have	moul	, for	e - 2	1225
		URIAL, CREMATION, RE	MOVAL	23b. DATE		1 .	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	/ ISTATE
		Durial		Aug.8,	1984 N	ew (at	redral (emeter	y Baltime	_	Mary	land
	24. FU	INERAL DIRECTOR	1 11	120	C T ADDISES	1 21	230 M) 250. DATE	REC'D. BY REGISTRA	R 25b. REGIS	TRAR'S SIGNAT	TURE
	rid	ully Funer	al Ho	me, 130	C. FORT	Ave. Da	Go.Md. AUG	Q 10Q1	1 0 . No	widron-Ro	ndelle



BP\_ **DHMH - 17** (VR A15 ME (5 20M 4/B2

	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
AI	EDICAL EXAMINER'S CERTIFICATE OF DEATH

	FOR			DEPARTMEN	NT OF H	HEALTH !	AND M	ENTAL	HYGIEN	JE 6		- 1				
1-	STATE REGISTRAR			DICAL EX								. NO.				
	CEASED NAMI	FIRST		MIDDLE		U	AST			20. DATE	KNOWN		MONTH	DAY	YEAR	76 HOUR
(TYE	PE OR PRINT)	GEOF	GE VINCE	INT		WE	RNZ			OF DEATH	ESTI- MATED		8	26	19 84	N
1 SEX	K	4. RACE	S. DATE OF BIRTH		AGE (IN YEA	RS IF UND	ER 1 YR.	IF UNDER	R 24 HRS	2c. DAT			MONTH	DAY		2d HOUR
M	ale	Cauc.	2/20/19		AST BIRTHDA		DAYS	HOURS	MIN.	PRONOU DE A			8	26	19 84	2p M
Je B	IRTHPLACE (ST		76. CITIZEN OF W			2		VER MARR	uro 🗆	9 BALTH	MORE CIT	TY OR	COUN			1 -1- "
	reign country)	1	U.S.A.			WIDOWE			CED T	Bal	timo	re	City	J		MD
	TY OR TOWN		11 NAME OF HO						12a US	UAL OCCI	JPATION	(TYPE C		12b KI	ND OF BU	ISINESS
	Baltin	ore	rear of	3716 W.		veder	⊃ A\16	۵.		most of wo				Re	RINDUSTI Side	tial
	AL RESIDENCE	( IF IN NURSING HOME	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFOR	RE ADMISSIO	N)		- 1						10	000	00
	tate Iarvland	13b. COUN	timore Cit	13c CITY OR		1	3d INSIDE (	NO [		REET ADDR	RESS					
-	ATHER'S NAME			o,y Date of				R'S MAID		F		_				
) =	Henry W.	Werns	MIDDLE	LAST			Mary	C.	Fran	ev	MIDOLE				LAST	
16a. V	WAS DECEASE	DEVER IN U.S. AR		16b. SOCIAL	SECURITY	'NO. 1	7 INFOR			U	ADDR	RESS	-	-		
	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	None			Mam	7 Har	tman	201	O Woo	odl	awn	Dri	ve.	21207
			nly one cause per line		d (a) )		2	,		,				_	-	INTERVAL T AND DEATH
	PARTIDE	ATLIBUTAC CALLER	0.014											BET	WEEN ONSE	T AND DEATH
		IMMEDIA	TE CAUSE (o)											-		
15	C Tr	7 . E.E		R AS A CONSEC	DUENCE C	OF.										
		ns, if any, which se to immediate														
		stoting the under	DUE TO, OR	R AS A CONSEO	DUENCE C	)F										- 1
	lying cou	se lost.	(e)													
	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMI	NAL DISEASE C	R CONDITIO	N GIVEN IN PA	ART 1 (a),			-				
NO	N															
AT	190. DATE OF	OPERATION	19b. CONDI	ITION FOR WHI	CH OPER	ATION WA	S PERFOR	MED?						20	AUTOPSY	2
CERTIFICATION			No. of the last											HE	AD OF	NLY
ER		L CAUSE WAS	216 TIME O		M V= -	21c. HOV	W INJURY	OCCURRI	ED (ENTER	NATURE OF H	NJURY IN ITE	M TO PA	RITORP			
ALC	UNDERLYING	OR OR		A. MONTH DA	Y YEAR											
MEDICAL	21d INJURY C		21e PLACE	OF INJURY (A		21f LOCA	ATION									
ME	WHILE	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		STR	EET			CITY OR TO	NWC		CC	YTMUC		STATE
	AT WORK	AT WORK				HEAD	ONL	-								
	22a I certi	,	ge of the remains de	scribed above, h	neld on	Autopsy	X,	Inspectio	on L.	Inquiry	/ L	and	in my o	pinion		
	deoth result	ed from: Natu	iral causes X,	Accident	, Sui	cide .	Homi	ide .	Unde	termined m	nonner [	_].				
		1-		10			TITLE (S	PECIFY)								
	ACTUAL SIGNATURE	MW		X		M.D	Ass	istan	t_MED	OICAL EXA	MINER		DATE	ED_8	3-27-	84
	EXAMINER'S (TYPE OR PRI	Ann Ann	M. Dixon	, M.D.		AI	DDRESS_	111	Penn	St.,	Bal	to.	, Me	d. 2	21201	
Je.B	URIAL, CREMA	TION, REMOVAL	23b DATE	23c. NAM	E OF CEN	ETERY OR		ORY	23d L	OCATION				INITY		A 25
	Burial		8/29/84	New	Cath	edral	Cem	etem	4111	ltime	ore C	it	r. M	ary		ATE
	UNERAL DIREC	TOR			5451			250. DATE		Y REGISTR						
-	NAME	NEWODT	AL FH. 64		eon M	1477 5	6	AUG	31	1084	11:	, Ja	il dred	- A-21	1602	7
1 11			ALE - PET [37]	I I WELFICIS	DELLE IV	Later Land	LUL		-	NUT	44 1	0.100	CANTON S	- 01	0-	7

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		FOR	DEDART		OF MARYLAND	ENE 2 1 7	J
	1-3	STATE REGISTRAR			S CERTIFICATE OF L		
		CEASED NAME FIRST	WIDDIE		LAST	26 DATE KNOWN [7] MONTH	DAY YEAR 75 HOUR
	TYPE	FOR PRINT) Violet	M.		Wescott	DEATH MATED 3/2	5/8419 M
	3. SEX	4. RACE 5. DA	TE OF BIRTH		FUNDER 1 YR. IF UNDER 24 H		DAY YEAR 24 HOUR 3:12
	Fer	male White A	ug.9,1944	40 YRS.	MONTHS DAYS HOURS MI		5/8419 P M
0	7a BIF		ITIZEN OF WHAT COUN	ITRY?	ARRIED XX NEVER MARRIED	BALTIMORE CITY OR COUN	ITY OF DEATH
7	100	ew York	USA		DOWED DIVORCED	Baltimore City	MD
0	10 CI		AME OF HOSPITAL, NU		OTHER INSTITUTION 120	USUAL OCCUPATION (TYPE OF WORK	126 KIND OF BUSINESS OR INDUSTRY
	1	Baltimore U	University H	Hospital	Shock Trauma	Housewife	
7/	USUA 13a ST	L RESIDENCE (IF IN HURSING HOME OR OTHER TATE 131 COUNTY		OR TOWN	13d. INSIDE CITY LIMITS? 13e	STREET ADDRESS	21132
5	1	Maryland Harfor	d Py	rlesville	YES NO 🛛	1953 St. Paul's C	hurch Road
77	14. FA	THER'S NAME	LE.	LAST	15. MOTHER'S MAIDEN N	AME	LAST
U		Harold	Ander	rsen	Inger	Katrine	Tjaldal
0		VAS DECEASED EVER IN U.S. ARMED FO	DAREC)	CIAL SECURITY NO	). 17. INFORMANT	ADDRESS	
1		No	094-	-36-5878	Kenneth G. V	Vescott, Pylesvil	le, Md. 21132
	7	PART I DEATH WAS CAUSED BY:    Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last.	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON	ISEQUENCE OF	ole Injuries		
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL (	DISEASE OR CONDITION GIVEN IN PART 1	Q.	
,	O						
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED?		20 AUTOPSY?
/	TIE						YES X NO
ろうく	CAL	216 EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIBUTING CAUSE OF DEATH 216. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	216. TIME OF INJURY HOUR A.M. MONTH 11:40xx 8/21e PLACE OF INJURY STREET, FACTORY, FARM, E TROOT	DAY YEAR /25/1984 (AT HOME, 21	of auto/motorcyc  city or town Pauls Chruch Ro	cle collision  STATE	
1		22a I certify that I took charge of th	ie remains described abo	ive, held on A	autapsy X, Inspection	, Inquiry , and in my o	pinian
1	1	death resulted fram: Natural cau	Accident			Indetermined manner .	
		ACTUAL SIGNATURE	3/60		TITLE (SPECIFY)m.dAssistant	MEDICAL EXAMINER SIGN	8/26/84
2		EXAMINER'S NAME (TYPE OR PRINT) Greogr	y R. Kuaffr	man, M.D.		enn St.	

Slate Ridge

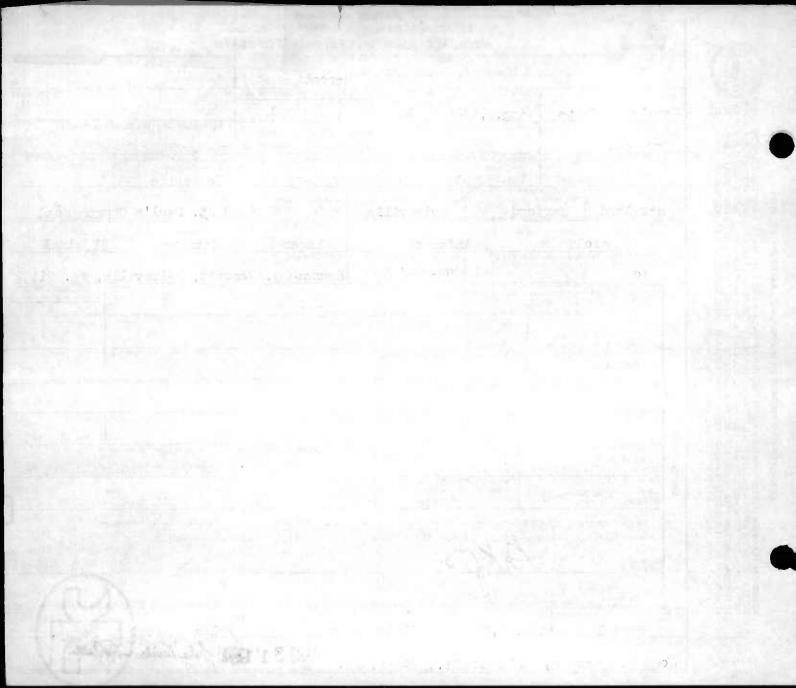
**DHMH - 17** (VR A15 ME (5)) 20M 4/82

BP.

Burial
24 FUNERAL DIRECTOR Delta, Pa. John H. Harkins, 600 Main St.

Aug. 29, 1984

Penna.



requires that the death certificate be executed within 24 hours after death. Page 4 may be

injury, ar ather traumatic event, the medical

should be detached for use as the burial-transit permit. Then please remove carbainpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician

IMPORTANT: If them 21 is marked or them 18 shows any

# 1 - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIN	ICAIL OI DEF		REG. N	10.		
	CEASED NAME FIRST	MIDDLE	L	AST		26 DATE OF DEATH	MONTH	DAY YEAR	2h HOUR p
(1176	Loga	n	We	st	1	August	12.	1984	11:154
3. SE		4. RACE	5. DATE C			6. AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	IF UNDER 74 HRS
	male	black	MONTH OG		1901	83	YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	D NEVER MAI	noice []	9 BALTIMORE CITY		Y OF DEATH	
No	ORTH CARRINA	USA	WIDOWE	DVO	RCED 🔲	Baltimor	e Ci		MD.
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)		NOIT	12g USUAL OCCUPAT	OF WORKING L	17b. KIND ( INDUSTRY	OF BUSINESS OR
	altimore AL RESIDENCE (16 NURSING HOME C	Pall Mall No		g Home		PLUMBER	•		
13a. S	STATE 13b COL	INTY 13c CITY OR TO	MN	134. INSIDE CITY		13e STREET ADDRESS			
	ryland	Balti	more	YES X N	O DENI NIAA		1 Ma	11 Roa	d 21215
19. FA	John	MIDDLE LAST West		Mar	T	WIDDIE		LA	57
16a V	WAS DECEASED EVER IN U.S. A		URITY NO.	17 INFORMANT		ADDR	ESS	-	
	YES NO OR UNKNOWN) (IF YES, G	237-62-	6705	Artine	s Wes	st 3350 W	. Be	lveder	e_Avenu
	18 CAUSE OF DEATH (Enter of	anly ane cause per line for (a), (b), a							ONSET AND DEATH
	PART I. DEATH WAS CAUS	ATE CAUSE (0). META	STATIO	C PROSTAT	ric C	MUER			
	D. C.	DUE TO, OR AS A CONSEQU	IENICE OF						Level III
	Canditions, if any, which	(b)	DEINCE OF						
	gove rise to immediate couse (a), stating the	DUSTO OR AS A SOMESTON	ISNICE OF				1220		
	underlying cause last.	DUE TO, OR AS A CONSEOL	JENCE OF						
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	IN AL DISEASE OR CON	ADITION GI	VEN IN PART 1/	0)
Z									ETC15cm
AT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORM	ED	20a AUTOPSY?		S, WERE FINDI	
FE						YES T NOT		IFYING CAUSES	OF DEATH?
CERTIFICATION	218. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	7.7	21c. HOW INJUI	RY OCCURR	ED (ENTER NATURE OF INJ			110
	OR CONTRIBUTING CAUSE OF DE			0.00					
MEDICAL	214 INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION					
WE		(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC )	STREET		CITY OR T	OWN	COUNTY	STATE
	AT WORK AT WORK		27	Time	. 04	12	A	· · Gu	
	sow the deceased alive a	n itended the deceased from,	Δ.	4	(r) 20 mico 6	death accurred on the c	ato and he	, 19 <u>67</u> ,	that NL ( lost
	abave, (1) (we) (did) (did n	ot) view the lody after death.			a / opinion c	seam accorred on me c	iate and no		
110	22b. SIGNATURE	/X/		DEGREE	NDING	MEDICAL STA	FF	22c. DATE	SIGNED
		W		PHY	SICIAN [	DIRECTOR   PHYSI	CIAN		
	72d PHYSICIAN'S NAME (TYPE			22e ADDRESS		1).	0	.,,	
	1 tryun mi	LEBSON, MID		13640	FOR	DS MANS	-0	Alto-M	10.21215
	BURIAL, CREMATION, REMOVA	011=101		EMETERY OR CRE		Baltimo	re.	COUNTY	Md .STATE
	UNERAL DIRECTOR					REÇ'D. BY REGISTRAF	256 REGIS	TRAR'S SIGNA	LURE .
M m	C March E/H	Inc. 1101 E	N + 1-	A	I Allo			Tavidson-A	andelle
AA TII	o Halth F/H	Inc. IIUI E	North	Avenue		- 201	1		,

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. harden on attion in the Total of this could be an about

completely filled in by the funeral director...

within 24 hours ofter

requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached far use as the burial-transit permit. Then please remove carbompopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL NYGIENE CERTIFICATE OF BEATH

RE	G	NO

						REG.			
(TYP)	CEASED NAME FIRST	WIDDIE		AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	Katl	nerine	W	ett		August	28, 1	.984	3:30 A
. SE		4. RACE	5. DATE C			6. AGE (IN YEARS LAST	BIRTHDAY	IF UNDER TYEAR	IF UNDER 24 HR
	Female	White	M87H	6	09	75	YRS	MONTHS DAYS	HOURS MIR
o. B	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8	Melever M	APPIED	9 BALTIMORE CITY	OR COUNT		
	Maryland	U.S.A.	WIDOWE		ORCED	Baltin	none (i	ity	^
10. C	Baltimore	11. NAME OF HOSPITAL, NURS		R OTHER INST	TUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOS	TION TOF WORKING LI	126 KIND C INDUSTRY	Home
130	laryland 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFO INTY 136, CITY OR TO Baltin	NWN		NO []		ter Ave	enue 212	224
14. F/	ATHER'S NAME Frank	MIDDLE HILL		15. MOTHER'S	MAIDEN NA/	MIDDLE		Reynold	ls
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 213-52		Rolana		tt 3826 Fo	nsten t	Ave. 212	224
	PART I. DEATH WAS CAUS	only one couse per line ar (a), (b), ED BY: ATE CAUSE (a)	le h	you	id:	d in Ca	reli	BETWEEN	onset and deat
	Canditions, if any, which	DUE TO, OR AS CONSESS	UENCE OF	scler	i e	c Car	lin	wast	
	gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A GONSEO	DUE TO, OR AS A GONSEOUENCE OF					y	us
			17.7						
NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION GI	VEN IN PART 1	a
TIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	0			200 AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS USED
CAL CERTIFICATION		19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH	CH OPERATION	N WAS PERFOR	RMED	20a AUTOPSY?	20b. IF YE IN CERTI	S, WERE FINDII FYING CAUSES ES []	NGS USED OF DEATH?
MEDICAL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING  CAUSE OF DI	19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	N WAS PERFOR	RMED URY OCCURR	200 AUTOPSY?  YES NO	20b. IF YE IN CERTI YI JURY IN ITEM 18	S, WERE FINDII FYING CAUSES ES []	NGS USED OF DEATH?
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETITHER, NOTHEY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK A WORK  220. I certify that (I) (this hasp sow the deceased alive of	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICION) 21d. attended the deceased from	DAY YEAR  19 E, FARM, ETC.)	216 HOW INJ	URY OCCURR	200 AUTOPSY?  YES NO	20b. IF YE IN CERTI YI JURY IN ITEM 18.	S, WERE FINDING CAUSES ES PART 1 OR PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETITHER, NOTHEY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK A WORK  220. I certify that (I) (this hasp sow the deceased alive of	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICI	DAY YEAR  19 E, FARM, ETC.)	21c HOW IN J 21f LOCATIO STREET  d that in (my) ( DEGREE	URY OCCURR	70d AUTOPSY?  YES NO  ED (ENTER NATURE OF IN  CITY OR  deoth occurred on the	20b. IF YE IN CERTI YI JURY IN ITEM 18.	S, WERE FINDING CAUSES ES PART 1 OR PART 2)  COUNTY	NGS USED OF DEATH? NO STATE  that (I) (we) I couses stated
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (# EITHER NOTIFY REDICAL EXAMINI 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that (I) (this hass sow the deceosed dive a abaye. (I) (we) (did) (did n	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICION) attended the deceased from n 19 at) view the body after death.	DAY YEAR  19 E, FARM, ETC.)	21c HOW IN J 21f LOCATIO STREET d that in (my) (	URY OCCURR  19 our) opinion of	70d AUTOPSY?  YES NO  ED (ENTER NATURE OF IN  CITY OR  deoth occurred on the	20b. IF YE IN CERTI YI JURY IN ITEM 18.	S, WERE FINDING CAUSES ES PART I ORPART ?)  COUNTY  19  ur and from the	NGS USED OF DEATH? NO STATE  that (I) (we) I couses stated

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16 2 9 1984 J. Walles - 19		ante de service	luin Lini

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical exam

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STATE OF MARYLAND

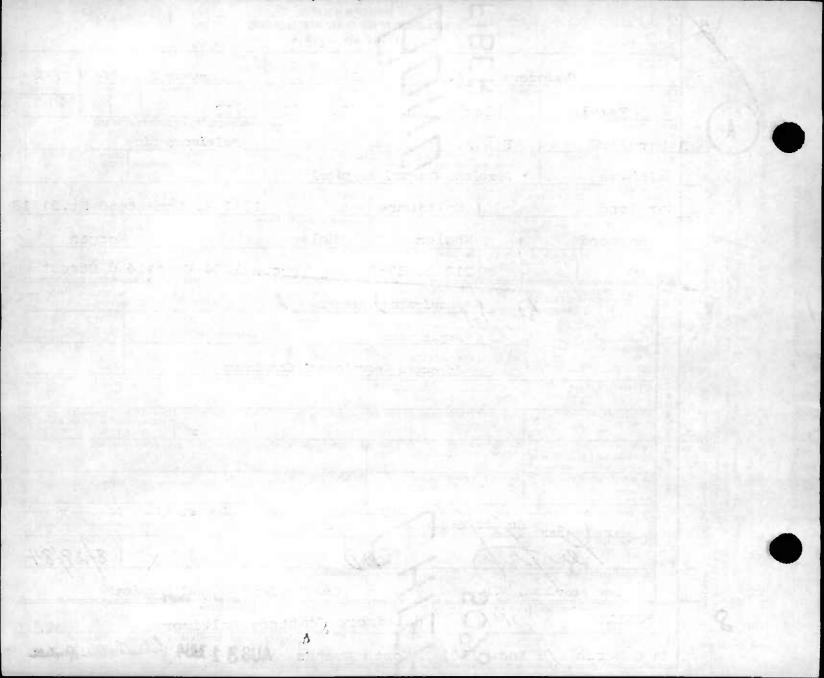
C March F/H Inc. 1101 E North Avenue

DEPARTMENT OF HEALTH AND MENTAL HOYGIENS

1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	IENS REG. N	0		
1. DE	CEASED NAME FIRST		MIDDLE	t	AST	20. DATE OF DEATH		DAY YEAR	26. HOUR
( TYPE	Gene	vieve	М.	WH	nalen	Augus	st 29	, 1984	6:33Pm
3. SE		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
	Female	B1	ack	MONTH 7	29 31	53	YRS.	MONTHS DAYS	HOURS MIN.
Zo. BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9. BALTIMORE CITY O		Y OF DEATH	
	laryland	U.S	7\	WIDOWE	D L METER MARKIED L	Baltimo:	re Ci	tu	MD.
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSII	NG HOME C	OR OTHER INSTITUTION	12ª USUAL OCCUPAT	ON	126. KIND C	F BUSINESS OR
R=	altimore		land Gen	_	Hosnital	(TYPE OF WORK FOR MOST C	F WORKING LI	FEI INDUSTRY	
USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136. COL	OR OTHER INSTITUTION		RE ADMISSION)		13e.STREET ADDRESS . 1733 E. H	zip cod Iomes	stead S	St.2121
	Raymond	MIDDLE	Whalen		15. MOTHER'S MAIDEN NAM Helen	AE MIDDLE		Morga	
	VAS DECEASED EVER IN U.S. A		166 SOCIAL SEC		17. INFORMANT	ADDRE	SS		The state of
- (	YES, NO OR UNKNOWN] (IF YES, C	IVE WAR OR DATES	212-28	-3757	Mary Thorp	e 1354 Ho	mest	cead St	reet
CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(b)	ONTRIBUTING TO	tion  DENCE OF CED OES  DEATH BUT	SOPHAGEAL CARC		20b. IF YE	S, WERE FINDIN	NGS USED
Ę	Land to the same					YES NO NO		FYING CAUSES	NO [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	EATH HOUR A	DE INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCURR		RY IN ITEM IB	PART I OR PART ?)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC ]	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	sow the deceased glive obove to the deceased glive of the state of the	OR PRINT	ther death 19	84_, or	nd that in (ggy) (aur) apinion of DEGREE  ATTENDING PHYSICIAN  27e ADDRESS	MEDICAL STA	FF	or and from the	couses stated
	Lee Freedi	man, M.D			C/O Maryla	and General	Hosp	ital	
	BURIAL, CREMATION, REMOVA	23b. DATE 9/4/			emetery or crematory more Cemeter	23d LOCATION CITY OF TOWN  Baltime	ore.	COUNTY	STATE Md .
24 F	UNERAL DIRECTOR	7 10 3			25e DATE			TRAR'S SIGNAT	
Wr	m C March F/	H Inc.	1101 E	Nort	h Avenue	W6311	Sie Le	w Davidson	-Adindess

DHMH - 16 50M 4/83 (VRA 15, 4)

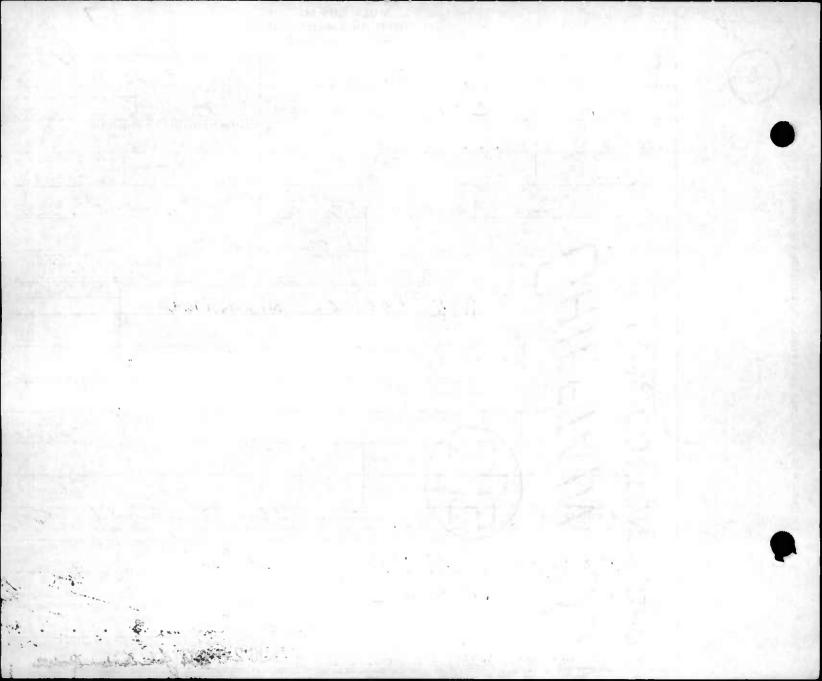
retained by the haspital or attending physician



REGISTRAR CERTIFICATE OF DEATH REG. NO.	
1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY (TYPE OR PRINT) HOWARD N. WHALEY 8 13	Y YEAR REMOUR
	UNDER I YEAR IF UNDER 24 HRS
70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY?  Maryland  75. CITIZEN OF WHAT COUNTRY?  WIDOWED X DIVORCED BALTIMORE CITY OR COUNTY OF WHAT COUNTRY?  Baltimore City  Baltimore City	OF DEATH MD.
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Baltimore  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Owner	126 KIND OF BUSINESS OR INDUSTRY  Beauty Supply
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. CITY OR TOWN  136. STREET ADDRESS  Md   Baltimore  YES XX NO   2211 W. Roger	rs Ave. 21209
John H. Whaley  14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE FIRST F	LAST
No 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT RICHMOND NO. 18. CAUSE OF DEATH LEnter only one couse per line for 10. (b), and 19. PART I. DEATH WAS CAUSED BY:	23226 d, Virginia  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The west series and a constraint of the constrai	N IN PART 1(0)
VID. DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  206 AUTOPSY?  197 DATE OF OPERATION  198 CONDITION FOR WHICH OPERATION WAS PERFORMED  208 AUTOPSY?  109 DATE OF OPERATION  YES DATE  198 ACCIDENT WAS UNDERLYING  216 TIME OF INJURY  217 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART	WERE FINDINGS USED NG CAUSES OF DEATH?
216. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING   CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR PLAN BY A LOCATION STREET, FACTORY, OFFICE, FARM, ETC.)  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR PLAN BY A LOCATION STREET CITY OR TOWN  217. PLANE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  218. PLANE OF INJURY STREET CITY OR TOWN  219. PLANE OF INJURY STREET CITY OR TOWN  210. PLANE OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.)  210. TWO REPORT OF THE PLANE OF INJURY STREET CITY OR TOWN  210. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  P.M. 19  211. LOCATION STREET CITY OR TOWN  212. LOCATION STREET CITY OR TOWN  222. Locatify thay (1) (this hospital) outgoined the deceased from Sow the deceased alive an Object, (1) (we) (idid) (idid not) view the body after death.  226. SGNATURE	COUNTY STATE
ATTENDING AGOICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	22c DATE SIGNED
BP	to. Co. Md.

DHMH - 16 60M 7/73 (VR A 15 (4))

24. FUNERAL DIRECTOR Burgee Funeral Home, 3631 Falls Road, 21211



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Page 4 may be

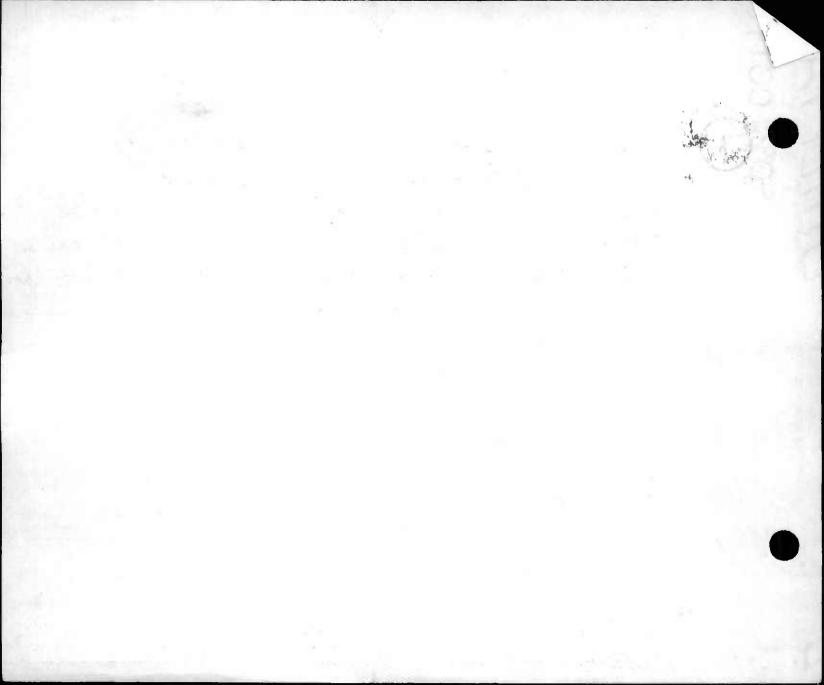
### STATE OF MARYLAND

FOR STATE		DEP		EALTH AND MENTAL HY	GIENE	1		
REGISTRAF			CERTIF	ICATE OF DEATH	REG.	NO.		
1. DECEASED NAM		WIDDLE	ı	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TOTAL CATABAT)	CUP	2715	Wh	rite		8	3 84	12:52 8
3 SEX		RACE	5. DATE C		& AGE (IN YEARS LAST	BIRTHDAY	IF UNDER TYEAR	IF UNDER 24 HRS.
Mala		Black	MONTH		Co	7: VDC	MONTHS UAYS	HOURS MIN.
O. BIRTHPLACE	STATE OR FOREIGN 7	L CITIZEN OF WHAT COUN	VIRY? 8.		1 BALTIMORE CITY	OR COUNT	Y OF DEATH	
COUNTRY		2100	WIDOWE	D'M NEVER MARRIED U	BALT	0 . 1	ナナノ	
IO CITY OR TOWN	OF DEATH	1. NAME OF HOSPITAL N		The state of the s	12a USUAL OCCUPA	0	175 KIND O	F BUSINESS OF
12. H	Md.	(IE NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		TYPE OF WORK FOR MOS	OF WORKING L	FE) INDUSTRY	_
USUAL RESIDENCE		OTHER INSTITUTION, GIVE RESIDENCE	PRECORE ADMISSIONS		unemplo	169		1 5 5
13e. STATE	13b. COUNT			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP COD	)F	= 2121
MID		6	ALTO	YES NO	20332	06	irea	51.
14. FATHER'S NAM		IDDLE , LAS	H	15. MOTHER'S MAIDEN NA	AME		I LAS	т /
I-SA,	9C	Wh	116	Edit	9		Rot	PRIS
160 WAS DECEAS	ED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADD	RESS	1 1	
Ves	WWI	1 1946 213	22-6014	MIS. EF	Frierine	3 WI	ite d	0335.0
18. CAUSE	OF DEATH (Enter only	one cause per line for (a), (	b), and (c).)				APPROX BETWEEN	MATE INTERVAL
PART I. I	EATH WAS CAUSED	BY:		1,20 30045				
	IMMEDIATE		)					
Conditions	if any, which	DUE TO, OR AS A CONS	V M DAIN					
gove rise	to immediate	)				1	4.	
underlying	, stating the couse last.	DUE TO, OR AS A CONS	SEQUENCE OF	1 . 1 40 . 1 . 1	0 40 + 21.0	61 601	7	
DARL 2 OI	TED CICKUES AND CO	(c) 7F (	O JELON	NOT RELATED TO THE TER	WIND DISTAGE ORGO	NO IT SOLL C	VEN IN PART III	
	TER SIGNIFICANT CC	DIADITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CC	INDITION GI	AEIA IIA LAKI III	3.
NO ING DATE O	OPERATION	196 CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS LISED
	OI EKATIOIT	The Contonion Tolk V	a	TO THE OWNER		IN CERT	IFYING CAUSES	OF DEATH?
21a. ACCIDEN	T WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUP	YES NO		ES	ио 🗌
OR CONTRIBU	TING CAUSE OF DEATI		H DAY YEAR	ZIL NOW INJOK! OCCO	KKED LENTER NATURE OF IN	SURY IN ITEM 18	PART I OR PART 2)	
(IF EITHER, N	OTIFY MEDICAL EXAMINER)	P.M.	19					
2	OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC }	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
AT WORK	NOT WHILE AT WORK							
22a L certify	that (I) (this hospita	ol) attended the deceased t	from	7/19 19 84	, to	13	. 19_84_,	that (I) (we) las
saw th	deceased plive on_ (1) (we) (did) (did not)	view the body after death.	_19	nd that in (my) (our) apinion	death occurred on the	date and ha	ui and from the	couses stated
27b. SIGNA	URE		V	DEGREE	471.000		22c. DATE	SIGNED
	Wath	) Mother	Jun V	ATTENDING PHYSICIAN		AFF ICIAN FIL		
22d, PHYSIC	IAN'S NAME (TYPE OR		1	22e ADDRESS			21	
N	athan 1	Moskowitz	MD	Francos	Seitt Ke	ey Ko	sp. Tal	
22- DUDIAL CDEA	ATION PENOVAL	Ton Der	I 22. NAME OF C	EMETERY OR CREMATORY	734 LOCATION	/		
ISPECTY]	NATION, REMOVAL	23h. DATE /-21/	1	- L	CITY OR TOWN	,	COUNTY	STATE
24 FUNERAL DIRE	IMM	10/9/84	GARRIS	on Horas/Ca	JE REC'D. BY REGISTRA		70.40/6.40/	MU
	LIOR	1 /			THE REL D. BY REGISTRA	ARLESS RECEIS	TRAMS SIGNIAL	LIKE
NAME		1/1 ADD	ORESS / / /	of the state of the	G 6 100	1 0 .	Davids	

DHMH - 16 50M 4/83 (VRA 15, 4)

etained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbonoppers. Pages 1 and 2 should be file, with the State Dept. of Health and Mental Hygiene priar to burial, cremotian, or removal.



### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Com	- 1	- 6	

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
TOPECEASED NAME FIRST	s F. WĤI	TE	w	HITE	20. DATE OF DEATH	8	4 34	26. HOUR
3. SEX  M. Male	4 RACE CAUC	ASIAN	5. DATE O		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Marylan		WHAT COUNTRY?	B. MARRIE WIDOWI	DIVORCED	9. BALTIMORECHY D Baltimor			MD
BALTIMSEE	11. NAME OF	HOSPITAL, NURSING THE FACILITY, GIVE STREET AS ULgrave A	DDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Advettising	F WORKING LIF	E) INDUSTRY	Business or Bualty
USUAL RESIDENCE (IF NURSING HOME 136. STATE 136. COL Maryland		Baltimore	1	13d. INSIDE CITY LIMITS? YES X NO []	13e STREET ADDRESS	zip code	Ave 212	209
14. FATHER'S NAME FIRST James	Hall	White		Grace	Pratt		LAS V	Villis
160 WAS DECEASED EVER IN U.S. A IYES, NO OR UNKNOWN] (IF YES, C	ARMED FORCES? GIVE WAR OR DATES)	212-10-1		Mrs. J.F.Whit	e 1918 Sul			209
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANI	DUE TO, O  DUE TO, O  (b)  DUE TO, O  (c)	PRAS A CONSEQUENT AS A CONSEQUENT ONTRIBUTING TO DI	NCE OF	ONTERNATED TO THE TERM	OR RANGE OR CON	DITION GIV	S S	year.
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH (	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		S, WERE FINDING CAUSES	
OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN  216 INJURY OCCURRED  WHILE NOT WHILE	P PLACE	OF INJURY  .M. MONTH DA'  .M.  OF INJURY  REET, FACTORY, OFFICE, FA	19	216 HOW INJURY OCCURR 211 LOCATION STREET	RED (ENTER NATURE OF INJU	1	COUNTY	STATE
220.1 certify that (1) (the house sow the deceased alive cobove, (1) (we) (did) (did) (22b. SIGNATURE)  22d. PHYSICIAN'S NAME ITEP  Herbert Gu	on	Jatter death	4.0	22e ADDRESS	death occurred on the d	FF CIAN [	22c. DATE	
230 BURIAL, CREMATION, REMOVA	236. DATE 8-6-8		ame of c	CEMETERY OR CREMATORY	Baltimore	2	COUNTER	Mã.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please

IMPORTANT: If them 21 is morked or them 18 shows ony

injury, or other traumotic event,

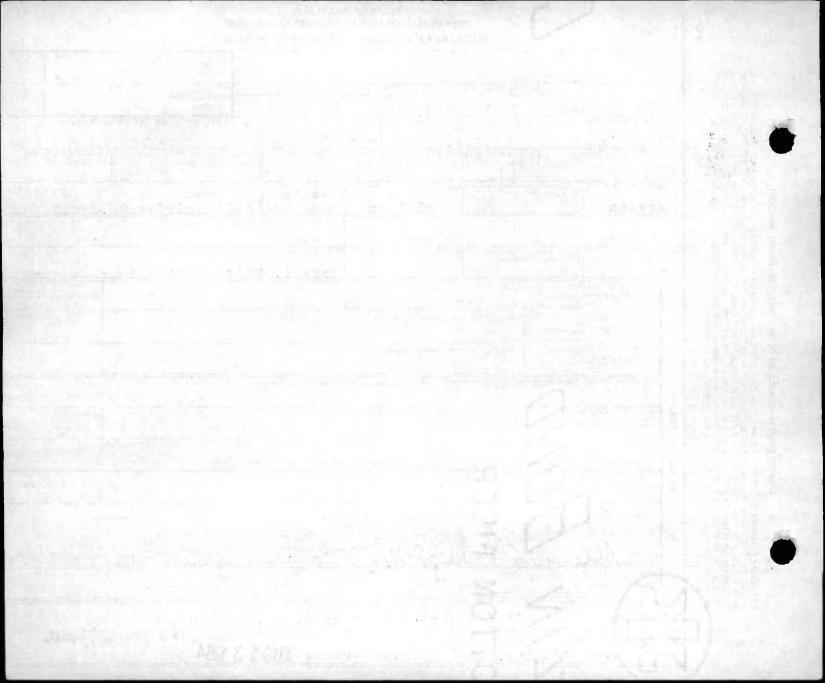
74 FUNERAL DIRECTOR
NAME
Mitchell-Wiedefeld Home 6500 York Road 21212

250. DATE REC'D. BY REGISTRAN SE REGISTRAN'S SIGNATURE

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(VR A15 ME (5)) 20M 4/B2

	*	1-	FOR STATE REGISTRAR				STA MENT OF	HEALTH		ENTAL			9 2 NO.	2 0	
			CEASED NAME OF PRINTS	FIRST	Latiniza	WIDDLE			LAST			20 DATE KNOWN OF ESTI-	MINOM KIX	DAY YEAR	26 HOUR
	S S S F ,	(	CORTRINITY	Mattl	new	Μ.		V	hite			DEATH MATED	_	17-2	M
	RY PLEASE DIRECTOR. OUR FILES. 77 HOURS ON STREET,	3 SEX		4 RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YE.		NDER 1 YR.	IF UNDER	R 24 HRS.	2c. DATE PRONOUNCED	HINOM	DAY YEAR	2d HOUR 10:0
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< 1	るできた。	FO	RTHPLACE (S		76. CITIZEN OF W	HAT COU	NTRY?	B. MARR	IED 🗍 NE	VER MARK	RIED X	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
	BEST 1	V:	irgini	a	U.S			WIDOV			CED 🗆	Baltimo			MD
	S RES	10. C1	TY OR TOWN	OF DEATH	11 NAME OF HOS			, OR OTH	IER INSTITU	JTION		MOST OF WORKING LIFE)	TYPE OF WORK	12h. KIND OF E OR INDUS	SUSINESS TRY
	No Carried		Baltimo		4214 F	airfa	x Rd.,	Apt.	6						
102	SEE 55	13a. S	TATE	136 COUN	OR OTHER INSTITUTION, G		E BEFORE ADMISSI Y OR TOWN	ON)	13d. INSIDE C	CITY LIMITS?	13e STR	EET ADDRESS		2:	1216
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₩.	- NONE	14. F/	THER'S NAME		WIDDLE		LAST		15. MOTH	ER'S MAID FIRST	EN NAME	MIDDLE		LAST	
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38, 2	BE EXECUTE! NDING" IN I EDICAL EXA EDICAL EXA I.TH AND M REMATION,		PART 2 OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BILL NOT BEI	ATEO TO THE TERM	INAL DISEAS	CONOLULA DE LA COMOLULA DE LA COMOLU	M CHUEN IN B.	407.1				
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REC	0 # 5 4 8 0	CERTIFICATION	19a. DATE OF	OPERATION	196. COND	TION FOR	WHICH OPER	ATION W	AS PERFOR	RMED?			-	20 AUTOPS	Y?
TAL	SHOULD ORD "PE CHIEF A E USED, TOF HE URIAL,	IFIC			4 1000									VES XX	NO 🗆
FV	ATE SHOUL  THE CHIEF  THE CHIEF  TID BE USED  MENT OF HI  TO BURIAL,	ER		AL CAUSE WAS	216 TIME O	FINJURY	H DAY YEAR	21c. H	OW INJURY	Y OCCURR	ED (ENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR P		
NO	THE WOOD THE WOOD THE WOOD BE COULD BE REPORTED BY TO BUT AND THE WOOD BY TO BUT AND THE WO	A	UNDERLYING	S XXOR NG □ CAUSE OF		A. 8-			bject	was	stabl	ned			
DIVISION	三の下すると	MEDICAL	21d INJURY	OCCURRED	21e PLACE	OF INJUR	Y (AT HOME,	211. LC	CATION	Wab					
ā	WRIT WRIT ARDI AGE ATE 1201	¥	AT WORK	NOT WHILE X	X STREET, FAC	Home	ETC.)		214 Fa	airfax	k Rd.	, Apt. 6,		more, M	arylar
	ATE, TI ORW ORW FE ST, VD, 2		22a 1 certi	fy that I took charg	ge of the remains de	scribed ob	ove, held on	Autop	sy XX.	Inspectio	on .	Inquiry .	ond in my o	pinion	
	H TATE		death result	ed Joy Notu	rol couses	dedent	, su	icide	, Homi	cide XX.	Undet	ermined monner	].		
	EXAMINER: CERTIFICATE VULD BE FORV L DIRECTOR: I, WITH THE S MARYLAND,			KOL	-nt	4	10.10	9		SPECIFY)					
	MAN HE WAS		SIGNATURE	welle	UX IX	My	MILL	4/ N	ASS1	istant	MED.	ICAL EXAMINER	DATE	8-12-	84
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT BAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTMORE, MARYLAND		EXAMINER'S (TYPE OR PRI	NAME Denn	is F. Smy	th, N	1.D.		ADDRESS_	113	l Pen	n Street,	Balto	., Md.	21201
	BAT PAGE	23a.B	JRIAL, CREMA	TION, REMOVAL	36. DATE		NAME OF CE	METERY C	R CREMAT			CATION	COU	NITY	
	BP	F	URIAL		8/16/8	4 A	rbutus	Me	moria	al Pl		rbutus,		Mo	STATE
	DHMH - 17	24 FI	JNERAL DIREC	TOR	ADDRESS					250. DATE	REC'D. BY	REGISTRAR 24	GINE AL	PANAGONDO.	S.
	(VR A15 ME (5))	Wn		rch F/H	Inc. 1	101	E Nort	h A	venue	AU	913	1984		,	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove corbon-papers. Pages 1 and 2 should be filly with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exam

inegimus be not the

				STATI	OF MARYLAND			5
	1	FOR STATE	DEP	ARTMENT OF H	EALTH AND MENTAL HY	GIENE	2107	2
		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	4171	1
		CEASED NAME FIRST	MIDDLE	i	AST (m)	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	(TYPE	Andrew	Charles	White	lock		8/11/84	1 420 M
1	1.5E)		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY] IF UNDER 1 YE	EAR IF UNDER 74 HRS
)		male.	White	Augus	1 0 10011		YRS.	3
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	ITDV2 8		9. BALTIMORE CITY O	R COUNTY OF DEATH	1
35	12	country)	1151	WIDOWE	DIVORCED	Raltimo	re Cita	* 40
~	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI			120 USUAL OCCUPATK		MD. O OF BUSINESS OR
20	P	. 11.	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	1 1 11 .1	TYPE OF WORK FOR MOST OF		
20	0	AL RESIDENCE (IF NURSING HOME OF	University	BEFORE ADMISSION	and Hospital	_		
0		STATE DENCE IN NORSING JOME OF			13d INSIDE CITY LIMITS?	13e.STREET ADDRESS		
	IM	aryland time	Arundel Sever	natark	YES NO	513 Oakh	am Ct. 2	1146
-	14. FA	ATHER'S NAME	MIDDLE . AAS	TIL	15. MOTHER'S MAIDEN NA	AME		PIAST
<1.	2	lohn	A. Whis	telock	Kathleen		Wh	itelock
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		VAS DECEASED EVER IN U.S. AF		SECURITY NO.	17 INFORMANT Seve	rna Park ADDRE	SS MD 211	46
1	()	YES, NO OR ONKNOWN) (IF YES, GI	VE WAR OR DATES)	-	M/M John A. I			ham Ct.
		18 CAUSE OF DEATH (Enter or	aly one cours per line for (a). (I	b) and (c) )	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MITTOCTOCK 22	APP	ROXIMATE INTERVAL EEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	ED BY:	diac	Acrost		BETW	EEN ONSET AND DEATH
		IMMEDIA	TE CAUSE (o) CON	muc	1111631			
			DUE TO, OR AS A CONS	SEQUENCE OF				
		Canditions, if ony, which gave rise to immediate	(b) Hypo	tens,	02			
		cause (o), stating the	DUE TO, OR AS A CONS	SEQUENCE, OF				
		underlying couse lost.	1 10 Frob	able	SEPSIS			
	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE OR CONE	DITION GIVEN IN PAR	10: Ventin
	CERTIFICATION	Prematurity,	espiratory Nu	tress Sy	indione, Paken	X Ductus ac	Yeursus 4	nta hemouh
1	S	19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU	
1	E	-				YES NO	YES [	NO DEATH
_	GE	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PART T OR PART	2)
2		OR CONTRIBUTING CAUSE OF DE		DAY YEAR				
1	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION			
	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, O	FFICE, FARM, ETC 1	STREET	CITY OR TO	WN COUNTY	STAIE
		AT WORK AT WORK			J 8 8 8 11	August	11 611	
		22a. I certify that (I) (this hasp sow the deceased alive or	(1 )   1	CLLL		10 sucy cut	19 47	, that (I) (we) last
		obove, (I) (we) (did) (did no	ot) view (he body ofter death.		d that in (my) (our) opinion	deoth occurred on the do		
		27b. SIGNATURE	100		DEGREE	AEDICA) STAT		ATE SIGNED
		Lillian K. B	Lackmon, M	1. N.	ATTENDING PHYSICIAN	MEDICAL STAF		west 14, 1984
1		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		J.	Eakimore,
1		1:11: 00 P T	2/acknown	m	11:11 1	IM. 1. 1	11/20:40	14 21201

23c NAME OF CEMETERY OR CREMATORY

236. DATE

8/14/84 Woodlawn Cemetery
Fund 8/14/84 Woodlawn Cemetery
Funeral Directors, Inc 8728 Liberty Rd. Randallstown, MD 21133

23 BURIAL, CREMATION, REMOVAL

(SPECIFY)

Woodlawn

250. DATE REC'D

Baltimore

BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1001

MD

DHMH - 16 50M 4/83 (VRA 15, 4)

etoined by the hospital

Andrew Warden Whitehale Male water on the stage Bellimere USA Entrimere University of Maryland Hespital They land shee Arnold Several took 5 515 to sheet to the John the Whiteness Malaken E Curdiac dipost Probable Scoons Pencilouing Requirement but in my dear of the dear all a dear and and the AN 2 STATES IN LONDON Out at 11 Fee all Felling to Section 71. E. Section 19 188 Litera R. Blackman, Hally Charlisty + Hayland Hopel The Stimmer

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours off with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

notified of once.

medical exam

injury, ar other traumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STA	ATE GISTRAR		CERTIFICAT	E OF DEATH	REG.	NO.	7 6	2
	ED NAME FIRST	WIDDLE	ŁAST		20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
TYPE OR PR	KENNETH		WHITEKETT	LE		8/25	184	7:46AM
SEX		4. RACE	5. DATE OF BIRT		6 AGE (IN YEARS LAST		UNDER TYEAR	IF UNDER 24 HRS
Ma	le	Careasion	May =	2 1907	77	YRS	MINS	MOURS MIN.
a. BIRTHP		76 CITIZEN OF WHAT COUNTRY	? 8. 0	IENER HARRIER []	9 BALTIMORE CITY	OR COUNTY C	FDEATH	
Pen	RY)	u. s. A.	WIDOWED	DIVORCED A	Baltimor	e City		MD.
	R TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTH	100	12a USUAL OCCUPA			F BUSINESS OR
1	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREE Union Memor		tal	Sales N	OF WORKING LIFE)	INDUSTRY	6.
JOUAL RE		ROTHER INSTITUTION, GIVE RESIDENCE BEFO		ICIDE CITATION	In CIPELL ADDRESS	0	Bult	na.
			YES	ISIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	1 3	P 21218
	SNAME			OTHER'S MAIDEN NA	ME	37. 760	50,0	
	FIRST	MIDDLE LAST LAST	41-	FIRST	WIDDIE	<	Toon	04-1-1
la WASI	DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	LIPITY NO. 17 IN	FORMANT	ADD	RESS	100.	7
(YES, NO	O OR UNKNOWN) (#FYES, GI	VE WAR OR DATES)			1 6		^	1.1
	res w.	· 1 433-00	213-01	Cucil	(e 150	acs,	CATON	30,116.Ma
18.0	AUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per fine for (a), (b), a	nd (c),1				BETWEEN	MATE INTERVAL ONSET AND DEATH
		TE CAUSE (0) CATOLO	carres	<u> </u>				
		DUE TO, OR AS A CONSEQU	JENCE OF					
Co	nditions, if ony, which	( ıb)						
	ve rise to immediate		IENIGE OF					
	derlying couse last	DUE TO, OR AS A CONSEQU	JENCE OF					
DAG	OT 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT B	ELATED TO THE TERM	IN ALDISEASE OF CO	NOTION GIVE	I IN DADT 1:	
	TI Z OTTEK SIOTALI ICATA	CONDITIONS CONTRIBUTION TO	OLAIN OUT NOT K	ELATED TO THE TERM	INAL DISEASE OR CO	NOTION ONE	1 11 1 26 1 110	
D 100	DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS	PERFORMED	20a AUTOPSY?	20h JE YES	WERE FINDIN	VGS LISED
CERTIFICATION 150 150 150 150 150 150 150 150 150 150			i i	, rem owner		IN CERTIFY	NG CAUSES	OF DEATH?
2 6	24, 7/8, 1/19/2		305 truct	ion, AAA	YES NO	YES		NO []
000	ACCIDENT WAS UNDERLYING [	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	10W INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	I I OR PART 2)	
_	EITHER NOTIFY MEDICAL EXAMINE		19					
21d	INJURY OCCURRED	21e PLACE OF INJURY		OCATION STREET	CITY OR	IOWN	COUNTY	STATE
¥ wh		(AT HOME STREET, FACTORY OFFICE	PARM ETC )	JINEET				
		nital) attended the deceased from	8/24	10 94	10 8/25	15	84	that (1) (we) lost
	sow the deceased alive or	0175	ON.	in (my) (our) opinion	death occurred on the	date and hour t		
22	(I) (we) (did) (did no	ot) view the body after death.	DEGRE			1	22c. DATE	
1"(	OC C	. 11	DEGRE	ATTENDING	MEDICAL ST	AFF	1 1	25/201
	-slan 1	Redders	- CC	PHYSICIAN [		ICIAN P	J CA	2/84
22d.	PHYSICIAN'S NAME (TYPE	OR PRINT)	27e /	ADDRESS				
	Glen M	edders mi	. 10	winn Men	norial t	tines	15	
30. BURIA	L, CREMATION, REMOVAL		NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION	1		
(SPECI	(4)	Char Call	. 11 /		CITY OR SOME		CHUNTY	STATE

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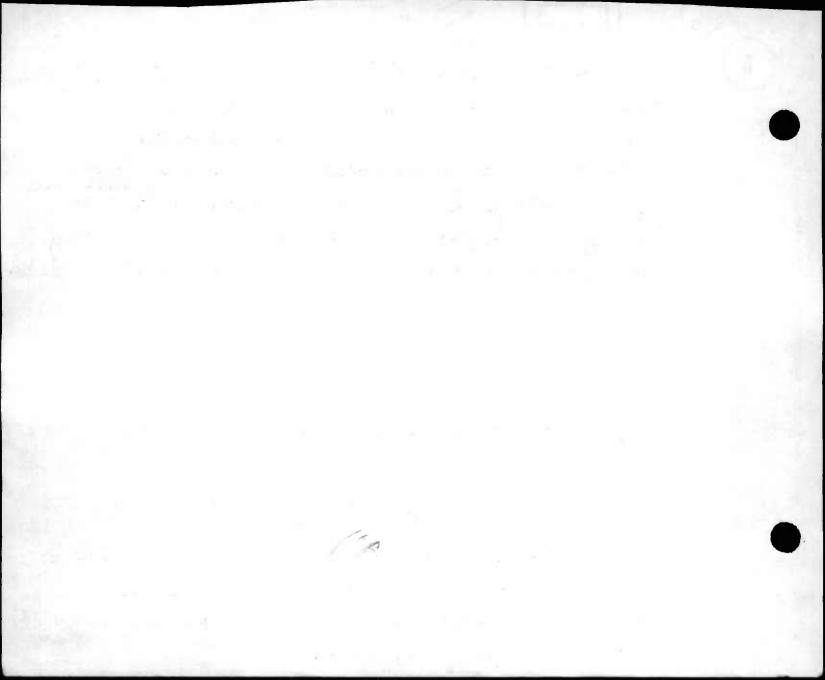
DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the haspital or attending physician

Cremation & 24 FUNERAL DIRECTOR NAME Harry W. Ha

FOR

Cremation Services Ramp



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours of the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	1		0.46

1 DEC	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	
	CEASED NAME	FIRST		MIDDLE	l.	AST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
		Walter	r	Gordon	- 4	Mite	July 1	1, 1984	A LONDON
3. SEX		4	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	MONTHS DAYS	
	Male		Whit		Ju	ne 1, 1926	58	YRS.	110013
	RTHPLACE (STATE OR	FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	MARRIE	D & NEVER MARRIED		OR COUNTY OF DEATH	
	Maryl	and	USA	1	WIDOWE		Baltim	one (itu	
	TY OR TOWN OF DE			HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT		OF BUSINESS
B	3 altimore	JIM C		Agnes Hos		1	Sheet M	etal Nec	hanic
USUA 13a. SI	AL RESIDENCE (IF NUR		THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				
	anuland	Balt	imore	Baltimor		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	rida Avenue,	21 22
	THER'S NAME					15. MOTHER'S MAIDEN NAM	ME		
100	Walter	MI	DDLE	White	0	Maroaret	WIDDLE	Moone	AST
160 W	VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE		9
	YES. HO OR UNKNOWN)		WAR OR DATES)	220-18-7		Mas. Janice	& White	Cama a 4 #12	
	18 CAUSE OF DEAT	VVVV	4	-		Tins. Juice	C. Wille		XIMATE INTERVAL
	couse (o), stoti			R AS A CONSEQUE					
		NIFICANT CO	(c) ONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM			
		NIFICANT CO	(c) ONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON	DITION GIVEN IN PART I	INGS USED
RTIFICATION	PART 2. OTHER SIG	NIFICANT CO	ONDITIONS CO	DNTRIBUTING TO D	<u>DEATH</u> BUT		200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
CERTIFICATION	PART 2. OTHER SIG	NIFICANT CO	ONDITIONS CO	DNTRIBUTING TO D  TION FOR WHICH  FINJURY  M. MONTH DA	<u>DEATH</u> BUT	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
ICAL CERTIFICATION	PART 2. OTHER SIG	NIFICANT CO	ONDITIONS CO	DNTRIBUTING TO D  TION FOR WHICH  FINJURY M. MONTH DA M.	OPERATIO  AY YEAR  19	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES TEN ITEM 18 PART I OR PART 2	INGS USED S OF DEATH? NO []
MEDICAL CERTIFICATION	PART 2. OTHER SIG	NIFICANT CO	196 CONDI 196 CONDI 216, TIME O 4 HOUR A./ 21e PLACE C (AT HOME, STR	FINJURY M. MONTH DA M. DF INJURY EET, FACTORY OFFICE, FA	OPERATIO  OPERATIO  AY YEAR  19  ARM. ETC.)	N WAS PERFORMED  216 HOW INJURY OCCURR  211 LOCATION	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES THE NOTION OF PART 2) WN COUNTY	INGS USED S OF DEATH? NO
MEDICAL CERTIFICATION	PART 2. OTHER SIG	NIFICANT CO	196 CONDI 196 CONDI 197 CONDI 198 CO	FINJURY M. MONTH DA M. OF INJURY eet. FACTORY OFFICE, FACTORY edecosed from	OPERATIO  OPERATIO  AY YEAR  19  ARM. ETC.)	N WAS PERFORMED  216 HOW INJURY OCCURR  211 LOCATION STREET	20e AUTOPSY?  YES NO CENTER NATURE OF INJU  CITY OR TO	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES THE TENT OF PART 2)  WEN COUNTY  19	INGS USED S OF DEATH? NO
MEDICAL CERTIFICATION	PART 2. OTHER SIG  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTIFY MED  21d. IN JURY OCCUR AT WORK NOTE  22a.1 certify that (I)	NIFICANT CO	196 CONDI 196 CONDI 197 CONDI 198 CO	FINJURY M. MONTH DA M. OF INJURY eet. FACTORY OFFICE, FACTORY edecosed from	OPERATIO  OPERATIO  Y YEAR  19  ARM, ETC.)	N WAS PERFORMED  216 HOW INJURY OCCURR  211 LOCATION STREET  , 19	20e AUTOPSY?  YES NO CENTER NATURE OF INJU  CITY OR TO	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES  RY IN ITEM 18 PART 1 OR PART 2) WN COUNTY . 19 ote and hour and from the	INGS USED S OF DEATH? NO STATE
MEDICAL CERTIFICATION	PART 2. OTHER SIG	NIFICANT CO	196 CONDI 196 CONDI 197 CONDI 198 CO	FINJURY M. MONTH DA M. OF INJURY eet. FACTORY OFFICE, FACTORY edecosed from	OPERATIO  OPERATIO  Y YEAR  19  ARM, ETC.)	216 HOW INJURY OCCURR 211 LOCATION STREET  , 19 ad that in (my) (our) opinion of DEGREE  ATTENDING	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  deoth occurred on the do	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES THE TENTH TO THE TENTH T	INGS USED S OF DEATH? NO
MEDICAL CERTIFICATION	PART 2. OTHER SIG	NIFICANT CO	196 CONDI 196 CONDI 197 CONDI 198 CO	FINJURY M. MONTH DA M. OF INJURY eet. FACTORY OFFICE, FACTORY edecosed from	OPERATIO  OPERATIO  Y YEAR  19  ARM, ETC.)	216 HOW INJURY OCCURR  211 LOCATION STREET  , 19  d that in (my) (our) opinion of the company of	20e AUTOPSY?  YES NO CITY OR TO  CITY OR TO  deoth occurred on the do  MEDICAL STAI  DIRECTOR PHYSIC	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES  RY IN ITEM 18 PART I OR PART 2) WN COUNTY  19 ote and hour and from the	INGS USED S OF DEATH? NO
MEDICAL CERTIFICATION	PART 2. OTHER SIG	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D  ITION FOR WHICH  F INJURY M. MONTH DA  M.  OF INJURY  eet. FACTORY OFFICE, FACTORY  offer deoth.	OPERATIO  OPERATIO  Y YEAR  19  ARM, ETC.)	211 LOCATION 211 LOCATION STREET  19 10 that in (my) (our) opinion of the physician  22e ADDRESS  Parka	20e AUTOPSY?  YES NO CITY OR TO  CITY OR TO  deoth occurred on the di  MEDICAL STAL  DIRECTOR PHYSIC	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES  RY IN ITEM 18 PART I OR PART 2) WN COUNTY  19 ote and hour and from the county county  22c DAT	INGS USED S OF DEATH? NO
MEDICAL CERTIFICATION	PART 2. OTHER SIG  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTIFY MED  21d IN JURY OCCUR AT WORK NOTIFY HOLD  22b. SIGNATULE  11d. SIGNATULE  12d. SIGNATULE	ATION  ADERLYING CAUSE OF DEATH INCAL EXAMINER)  RRED  One  Other Cause of Death Incal Examiner)  One  Other Cause of Death Incal Examiner  One  Other Cause of Death Incal Examiner  One  Other Cause   ONDITIONS CO 196 CONDI 216. TIME O HOUR A./ 21e PLACE (IAT HOME, STR 1) ottended the	TION FOR WHICH  F INJURY M. MONTH DA M.  OF INJURY EET. FACTORY OFFICE, F.  ofter death.	OPERATIO  Y YEAR  19  ARM.ETC.)	216 HOW INJURY OCCURR  211 LOCATION  TREE  19  10 d that in (my) (our) opinion of Physician Physician  22e Address Parka  4000 Annapul	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  deoth occurred on the di  DIRECTOR PHYSIC  PARAMETER AND CALL  STAIL  DIRECTOR PHYSIC  PARAMETER AND CALL  PA	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES  RY IN ITEM 18 PART I OR PART 2) WN COUNTY  19 ote and hour and from the	INGS USED S OF DEATH? NO	
MEDICAL CERTIFICATION	PART 2. OTHER SIG  190 DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING [ (IF EITHER NOTIFY MED 21d IN JURY OCCUR WHILE AIWORK AIWORK AIWORK 220.1 certify that (I) 220. SIGNATULE  URIAL (CREMATION, SPECIFY)	NIFICANT CO	IPB CONDI  19b CONDI  21b. TIME O HOUR A./ 21e PLACE ( IAT HOME, STR  1) ottended the	TION FOR WHICH  F INJURY M. MONTH DA M.  OF INJURY EET, FACTORY OFFICE, FACTORY  ofter death.	OPERATIO  OPERATIO  Y YEAR  19  ARM, ETC.)  JAME OF C	216 HOW INJURY OCCURR  211 LOCATION  19  19  10 that in (my) (our) opinion of Physician  220 ADDRESS Parka  4000 Annapole  EMETERY OR CREMATORY	20e AUTOPSY?  YES NO CITY OR TO  CITY OR TO  deoth occurred on the di  MEDICAL STAL  DIRECTOR PHYSIC	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES  RY IN ITEM 18 PART I OR PART 2) WN COUNTY  19 ote and hour and from the county county  22c DAT	INGS USED S OF DEATH? NO STATE , that (I) (we) e couses state
MEDICAL CERTIFICATION	PART 2. OTHER SIG  190 DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING  (HE EITHER NOTIFY MED 21d IN JURY OCCUR WHILE NOT WAT WORK ALWO 220.1 certify that (I) sow the decease obove, (I) (We) ( 22b. SIGNATULE)  URIAL (CREMATION,	NIFICANT CO	ONDITIONS CO 196 CONDI 216. TIME O HOUR A./ 21e PLACE (IAT HOME, STR 1) ottended the	TION FOR WHICH  F INJURY M. MONTH DA M.  OF INJURY EET, FACTORY OFFICE, FACTORY  ofter death.	OPERATIO  Y YEAR  19  ARM.ETC.)	211 LOCATION  211 LOCATION  211 LOCATION  19  10 that in (my) (our) opinion of Physician Physician  220 ADDRESS Parka  4000 Annapol  EMETERY OR CREMATORY  Lew Cemetery	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  MEDICAL STAIL  DIRECTOR PHYSIC  PARAMETER Medical  123d LOCATION (123d LOCATION)	20b IF YES, WERE FIND IN CERTIFYING CAUSE YES   RY IN ITEM 18 PART I OR PART 2)  WN COUNTY  19 ofe and hour and from the county  FF. CLAN   22c DAT    Lenter   4 Center    Lykesville, 4 Cancall	INGS USED S OF DEATH? NO STATE , that (I) (we) e couses state

DHMH - 16 50M 4/82 (VRA 15, 4)

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ALT ASSESSED	<b>&gt;</b>		an and	
Share were started and		Auren bezen		
loute were,	X	Milicore	In Utionne	transland
2000007	Vermont	5334		al lee
Live skiple of the	la. asiae	Ottom Town	\$ 192	

TO HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the

retained by the hospital ar attending physician

executed within 24 hours ofter death. Page 4 may be

ST	Ā	ΓE	OF	M	ARYL	AND	garden.
 	_						_

+	1-	FOR STATE REGISTRAR			DEPARTMENT OF CERTI	HEALTH AND MENT FICATE OF DEAT		REG. NO	) )	6 4	
Stried of the string of the st	3. SE)	CEASED NAME OARRINI Bryan  Male RIHPLACE ISTATEOREC COUNTRY) LIFTMORE LIFTMORE LIFTMORE	TH 11. N	MIDDLE  OPHER  LIZEN OF WHAT CO  U.S. A  AME OF HOSPITA  NOT IN SUCHFACILITY.  IVERS 1949	OUNTRY? 8. MARRI WIDOW	ED NEVER MARR	6. AR 1994 9 B		MONTH DAY  HDAY)  F UNDE  MONTHS  YRS.  R COUNTY OF DE  C. Ly  ON  1/26	984 4 RIYEAR IF UN DAYS HOU	
dminerfmus be	130. S	AL RESIDENCE (IF NURSIN	13V. COUNTY	13c. CIT	ence before admission for town lerna Park	13d INSIDE CITY LI YES NO 15. MOTHER'S MAI	IDEN NAME	WIDDIE	ZIP CODE Ct.	211	146
The medicol ax		VAS DECEASED EVER II VES. NO OR UNKNOWN)  18 CAUSE OF DEATH	(IF YES, GIVE WAR O	R DATES)	CIAL SECURITY NO.	17. INFORMANTS		Park, ADDRE	II 513 (	21146 Dakham APPROXIMATE I LETWEEN ONSET	
18 shows any injury, or ather troumatic event	CERTIFICATION	Conditions, if any, gove rise to imm couse 101, stating underlying couse  PART 2 OTHER SIGN  PART 3 OTHER SIGN  PART 3 OTHER SIGN  PART 3 OTHER SIGN  PART 4 OTHER SIGN  PART 4 OTHER SIGN  PART 4 OTHER SIGN  PART 5 OTHER SI	which ediote 1 the lost.  IFICANT CONDITION 1984	JE TO, OR AS A CO  (b) Hype  JE TO, OR AS A CO  (c) Seven  THOUS CONTRIBUTION FOR  B. CONDITION FOR  THOSE OF INJUR	Distress S DR WHICH OPERATION Duchus 1	rary Fater I NOT RELATED TO T  Y Adrome, I  ON WAS PERFORMED  Ar Lerios  1216 HOW INJURY	Parent F as	Englysem	PORTION GIVEN IN 1	E FINDINGS L CAUSES OF D NO	
MPORTANT: If Hem 21 is morked or Item	MEDICAL	(IF EITHER, NOTIFY MEDIC  214 INJURY OCCURR  WHILE NOT WHI AT WORK AT WORK  220.1 certify that (1)  sow the decease	ALEXAMINER)  ED 21.  (A  this hospital) att d olive on Att (d) (did not) view  R. Blac  ME (TYPE OR PRINT)	P.M.  E. PLACE OF INJU  I HOME. STREET, FACTO  ended the decease  4.4.5.7.7  The body after decease	RY ORY, OFFICE, FARM, ETC.)  med from Augus oth.  TH. D,	211 LOCATION STREET  3 19 and that in (my) (our)  DEGREE  ATTEN	NDING _/M	to August to August h occurred on the do	19 27		
4/83		BURIAL, CREMATION, F SPECEY)  Burial  JNERAL DIRECTOR L ( NAME  728 Liberty	REMOVAL 23b.	DATE /14/84	231. NAME OF	awn Cemete tors, Inc.	ry	Woodlawn C'D. BY REGISTRAR		ore MI	D STATE
	8	/28 Liberty	Rd. Ra	andalist	own, MU	21133	AUG J	4 1904	1		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral # should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hi with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

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PSACAMET TO THE	John A. Walehit K. Keith Ern
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the senuter of confidence	Total Control of the

1 - FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.	2 5
1. DECEASED NAME FIRST (TYPE OR PRINT) Trving	Edward Whiting 20. DATE KNOWN OF ESTI-DEATH MATED 25 8	TH DAY YEAR 25. HOUR 21,984
MB	DATE OF BIRTH  6. AGE (IN YEARS   IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD  8	21 ,84 740
Charotte, VA.	MARRIED NEVER MARRIED 9, BALTIMORE CITY OR COU	MD.
Balto.	1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT INSUCH FACILITY GIVE STREET ADDRESS)  7905 BROOK FOR APT 1  Ketired	12b. KIND OF BUSINESS OR INDUSTRY
136 STATE Md 136 COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. INSIDE CITY LIMITS?  136. STREET ADDRESS BROOK	Ford Rd.
Lloyd	Whiting 15. MOTHER'S MAIDEN NAME MIDDLE	LAST
168. WAS DECEASED EVER IN U.S. ARME (YES, NO, OR INKNOWN) (IF YES, GIVE WA		7905 BROOKSA
PART I DEATH WAS CAUSED 8	CHECTOOMS OF FILIDS	APPROXIMATÉ INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF  (b)	
couse (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (c)	
	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4).	
190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	198. CONDITION FOR WHICH OPERATION WAS PERFORMED?	28 AUTOPSY?  YES NO X
210 EXTERNAL CAUSE WAS UNDERLYING OR	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	R PART 2}

Noturol causes

228 I certify that I took charge of the remains described above, held on

21e PLACE OF INJURY (AT HOME, WHILE AT WORK AT WORK

21f LOCATION STREET

Inspection

ond in my ppinion

COUNTY

ACTUAL

death resulted from

Deputy

MEDICAL EXAMINER Chase

Undetermined manner

CITY OR TOWN

EXAMINER'S NAMStanl 230. BURIAL, CREMATION, REMOVAL 235 DATE (SPECIFY)

MEDICA

CEMETERY OR CREMATORY

23d LOCATION

STATE

STATE

**DHMH** - 17 (VR A15 ME (5)) 20M 4/82

BP.

24. FUNERAL DIRECTOR

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	HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. P.
	ter d
5	0
212	hou
2	24
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	thin
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	HOSPITAL OR ATTENDING PHYSICIAN: The
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/ 1	It	em 4 per phone	9/11/84 dad	STATE OF MARYLAND	n	1 9 2 6			
15	11-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY& CERTIFICATE OF DEATH	REG. NO.	1 / 2			
-17		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONT	27			
2 3 A		Mildred	Bertha	Wicklein	August ;	1984 7:30 PM			
	3 SEX	· F	RACE Caucasian	S. DATE OF BIRTH  BONTH  DAY  YEAR  25  24	GE (IN YEARS LAST BIRTHDAY	WUNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.			
Post Annual Street		RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Ba Himore				
ofter d	100	HORTOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET.	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WOR  TO THE MAKES	12b. KIND OF BUSINESS OR INDUSTRY			
24 hours	The 5	TATE 134 COLIN	TY 131 CITY OF TOW	ADMISSION)	1302 Old River	CODE			
ithin 2 sh	_	THER'S NAME	Arundel Dalling	15. MOTHER'S MAIDEN NA		Nate 10 • 2122)			
w pale ond ond	A	John John	Emerick	Cathetin	e	Stinchcomb			
ond co		VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECU		ADDRESS				
ion o			219-10-6	1964 Charles V. W.	icklein In. s	same as 73e			
g physic on pape emoval event, t		18 CAUSE OF DEATH (Enter only one couse per line for 10), (b) pod (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Severe Uniting ry Atelectas is							
oth ce ending ending e corb in, or e		C Fee of Line	DUE TO, OR AS A CONSEQUE	INCE OF	a with comi	acaba.			
y the ott e remov cremotic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NID-Stem Damas	a wirit somi	7			
equires that a signed by Then please to burial, crainjury, or oth	z		ONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	DN GIVEN IN PART 1(0)			
ow requ	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?			
The Con.	RTIF	-	-		YES NO	YES NO			
SICIAN: The ng physicic certificate ringl-transit term 8 stem 18 stem		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			RED (ENTER MATURE OF INJURY IN I	IEM 18 PART I OR PART 2}			
G PHYS offerding er this cont ond Me	MEDICAL	21d INJURY OCCURRED  WHITE ONT WHITE OF ALL WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE			
DIN or of the second	-		tol) attended the deceased from_		, to	, 19, that (I) (we) lost			
RATTEN hospital RECTOR red for u		sow the deceased alive on above, (1) (we) (did) (did no	19	, and that in (my) (our) opinion	deoth occurred on the date o	nd hour and from the causes stated			
F Dod F	-	Marc lune	- Roin o	DEGREE  ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	Date SIGNED			
O HOSPITAL etoined by th TO FUNERAL should be defi- with the Stote MPORTANT:		224 PHYSICIAN'S NAME (170)	RPRINT	22. ADDRESS		37,			
TO HOSE should be with the IMPORT	22 (	Maria Euse		mD South patting	123d LOCATION	-300) S, Hanover St.			
BP	B.	SPECIEVAL CREMATION, REMOVAL		dan Hill (emetery)	Brooklyn Po	ank A.A. Mi.			
DHMH - 16 50M 4/83 (VRA 15, 4)		ineral director Culty Funeral &		250 DA	TE REC'D. BY REGISTRAR 25b. F	REGISTRAR'S SIGNATURE			

er transfer to the second of t the second of th A SECOND LINE OF THE PARTY OF T wind = - - tripped a server that we will be a server that a server that the se to all cures are 332, menors and TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages, I and 2 should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages, I and 2 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical exaginer in the property of the control of the

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

FOR STATE

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

2

	REGISTRAR				CERTIII	CAIL OI DEA	111	REG. NO.			
	CEASED NAME	FIRST	A	AIDDLE	U	AST		20. DATE OF DEATH MONT		. 6	. HOUR
(ITPE	OR PRINT)	FLOREN	CE	ISABELI	τ. τ.	ICKLESS		8	28 84	11	2:30 PM
3. SE)	(		RACE	TOTIDITI	5. DATE O			6. AGE (IN YEARS LAST BIRTHDAY		EAR IF	UNDER 24 HRS
	FEMALE	W. FE	T.TH	ITE	MONTH		YEAR	7.2		AYS H	OURS MIN.
70 01	RTHPLACE (STATE C			WHAT COUNTRY	4	4 1	.1	9. BALTIMORE CITY OR CO	YRS DEATH		
(	OUNTRY)				MARRIE	NEVER MARI	RIED 🗆	7. BALTIMORE CITT OR CC	In OF DEATH	1	,
	ennsy1var			S.A.	WIDOWE			BALT IMO	SKE OI	1 7	MD.
ID CI	TY OR TOWN OF D	EATH 1		HOSPITAL, NURSI H FACILITY, GIVE STREE		R OTHER INSTITUT	TION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	12b. KIN IKING LIFE) INDUST		USINESS OR
E	alt imore	2 / 3	/	Itimore	0	1 Hospia	tal	Waitress	Rest		ant
JUSU/	AL RESIDENCE (# NO	ISH COUNT	THER INSTITUTION.	GIVE RESIDENCE BEFO	RE ADMISSION)			10 CTOFFT ADDOCS C			
	ryland	A.A.		Linthic		YES TO NO	IMIIS?	237 Hammonds	Ferry Ro	had	21090
-	THER'S NAME	1		Dinente	Julii	15. MOTHER'S MA				744	22000
1	FIRST		DDLE	Champ1	unior	FIRST		MIDDLE		LAST	
1	Jackso						rie	ADDRESS		Car	r
	VAS DECEASED EVE		ED FORCES?	166 SOCIAL SEC		17. INFORMANT					
	NO			Unavail	lab1e	Shirley	A. P	roctor 222 Fe	erndale E	₹d.	21061
	18 CAUSE OF DEA	ATH (Enter only	one couse per	line for (a), (b), a	ind ici.iA				APP BETW	ROXIMA EEN ONS	TE INTERVAL
	PART I. DEATH		2.00	Teamer	and i	Can cin	107	nalous			
	-	IMMEDIATE									
			DUE TO, OI	R AS A CONSEQU	UENCE OF		1 16				
	Conditions, if or gove rise to in		(p)_	ann	mer	- B	77				
114	couse (o), sto	ting the	DUE TO, OI	R AS A CONSEQU	UENCE OF		-				
	underlying cou	se lost.	( (c)	Men	Tu_	nesp	wat	brutael			
	PART 2 OTHER SI	GNIFICANT CO	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CONDITIO	ON GIVEN IN PAR	T-lio	TO THE
MEDICAL CERTIFICATION											
AT	190 DATE OF OPER	PATION	19b. CONDI	TION FOR WHICH	H OPERATIO	WAS PERFORME	D		IF YES, WERE FIL		
Ĕ								YES NO	CERTIFYING CAU		NO I
ER	21a, ACCIDENT WAS L	INDERLYING	21b. TIME O	FINJURY		121c. HOW INJUR	Y OCCURRE	ED (ENTER NATURE OF INJURY IN I			
0	OR CONTRIBUTING		110110 1		DAY YEAR						
2	(IF EITHER NOTIFY M		P.,		19						
AED AED	21d. INJURY OCCU		(AT HOME, STR	OF INJURY EET, FACTORY, OFFICE.	, FARM, ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	1	STATE
_	AT WORK AT V	WHILE VORK								1772	
	220 1 cartify that	(this hospita	) ottended th	e deceased from	Aug	ust 20,1	9 84	, to August >	8 19 84	, tho	ty (we) lost
	saw the dece	osed olive on_ (did)(did not)	August	28 19	84 , or	d that in (my) (our	) opinion d	eath accurred on the date o	nd hour and from	the cou	ises stated
	224 SIGNATURE	(010) (010-101)	view the body	offer death.		DEGREE			22c. D	ATE SIC	GNED
- 3	MASIE	alon	mo	4		ATTE	NDING _	MEDICAL STAFF	1 8	128	184
- 1	NAN	de c	-119	4		22e ADDRESS	SICIAN [	DIRECTOR PHYSICIAN			/ /
30	1/1/11 4	DO 1 M	· C			TAND NESS	01	11111111 h	7		
	W.H.J	SHKE	1			5001	211	THIVUULK	51		
23a E	BURIAL, CREMATION	N, REMOVAL	23b. DATE	23ε.	NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION	COUNTY	- 6	51415
1	Buria	1	9/1/8	4 H	loly Cr	oss Ceme	tery	Brooklyn Pk		M	anyland
24 FL	UNERAL DIRECTOR						25a. DATE		REGISTRAR DEG		
IJ.,	hhand Fun	omal II.	т.	ADDRESS	2122			AUG 3 1 1984	grand Day		
пu	bbard Fun	eral no	me, In	C. 410/	wilken	s Ave.		MOO 0 - 107	U		

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

Lilia Davidson - Randall

	FOR STATE REGISTRAR		DEPA		EALTH AND ME		IENE V	NO.	2 Even	
		RST	MIDDLE	· L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
TIME	JOHN	G	ORDON	WT	CKLESS			8 -	23 84	2.36 AM
), SEX		4 RACE	ORDOR	5. DATE C	F BIRTH		6 AGE (IN YEARS LAST E		IF UNDER 1 YEAR	IF UNDER 24 HRS
M	ALE	WHI	TE	10	06	08	- 75	YRS	MONTHS DAYS	HOURS MIN
	THPLACE (STATE OR FORE)		WHAT COUNT	RY? 8	NEVER MA		9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
-	ARYLAND	U.S	.A.	WIDOWE		RCED [	RA	L70	CITY	MD.
	Y OR TOWN OF DEATH	11. NAME OF		RSING HOME C	OR OTHER INSTIT	UTION	12a USUAL OCCUPA			OF BUSINESS OR
B	ALT IMORE	ST	AGNE		SPITAL		TALLYMAN	OF WORKING (		ILROAD
USUA 13a S1	ATE LINE			FORE ADMISSION)	13d. INSIDE CIT	/ I IAAIT C 2	13e.STREET ADDRESS	/ 7IP COD	E .	
ILLES YOU'VE	RYLAND	A.A.	LINTH			10 <b>5</b>			ERRY RO	AD. 21090
	HER'S NAME	WIDDLE	LAST		15. MOTHER'S A				LAS	
/	JOSEPH	WIDDLE	WICK	LESS	FIF	SI	UNKN	NWC	Į.A.	51
	AS DECEASED EVER IN U		166 SOCIALS		17 INFORMAN	T	ADD	RESGLEN	BURNIE	MD.
(46	YES	YES, GIVE WAR OR DATES)	705-1	2-4057	SHIRLE	Y PRO	CTOR 222 F			21061
	18 CAUSE OF DEATH IE PART I. DEATH WAS	nter only one cause pe CAUSED BY: MEDIATE CAUSE (a)	0/0 1	, ondicitous	7 Arro	est			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
NOI	Canditions, if any, what gave rise to immedicause Iai, stating underlying couse I	tich ate the ast (c)	OR AS A CONSE	QUENCE OF	NOT RELATED TO	O THE TERM	Clun/CL	NDITION GI	VEN IN PART 1:	0
CERTIFICATION	9a DATE OF OPERATION	196 CONE	OITION FOR WH	ICH OPERATIO	N WAS PERFORM	AED	200 AUTOPSY?	IN CERTI	S, WERE FINDIF FYING CAUSES ES	NGS USED OF DEATH?
MEDICAL CER	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS IN EITHER, NOTIFY MEDICAL E	E OF DEATH HOUR (A	OF HUURY  .M. MONTH  .M. W		21t. HOW INJU		RED (ENTER NATURE OF IN	OURY IN ITEM 18	PART ( OR PART 2)	
ME	NOT WHILE	(AT HOME, S	TREET, FACTORY, OFF	ICE, FARM ETC 1	STREET		CITY OR	OWN	COUNTA	STATE
	22a. I certify that (I) (the saw the deceased a	s hospital) attended to		1367	12 and that in (my) lo	19_89 ur) apinion	death accurred on the	date and ho		that (I) we) lost
	226. SIGNATOR	Plave		ME	DEGREE AT'	ENDING YSICIAN [	MEDICAL ST DIRECTOR PHYS	AFF ICIAN	- 120 DATE	SIGNED
	220 PHYSICIAN'S NAME	P LAVE	24				Hospita	1		
23e BI	URIAL, CREMATION, REA	AOVAL 236: DATE		3c. NAME OF C	EMETERY OR CR	EMATORY	23d LOCATION		COUNTY	STATE
	BURIAL	08-27	-84	HOLY	CROSS		BROOKLY		A.A.	MARYLAND
	NERAL DIRECTOR		ADDOR	55 2	~~~	250 DAT	E REC'D. BY REGISTRA	R 256 REGIS	TRAR'S SIGNAT	TURE
HU	BBARD FUNER	AL HOME, I	NC. 410	7 WILKE	NS AVE.		0 0 F 100 4	Puliar	Savidson-1	Pandelle

DHMH - 16 50M 4/83 (VRA 15, 4)

After this certificate has been signed by the a os the burial-transf permit. Then places rem

O FUNERAL DIRECTOR: After this certificate should be detached for use as the buridifficant with the State Dept. of Health and Mental Myg. WPORTANT, If Hem 21 is marked or Nega

OR ATTENDING PHYSICIAN, The

TO HOSPITAL

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M. M. Tarana and A. M.	Taratia				
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				the capture	

### STATE OF MARYLAND

### DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

13L CITY OR TOWN

Catonsville

Audoun

166 SOCIAL SECURITY NO

EALTH AND MENTAL HYG CATE OF DEATH	DENE 1 2 1	4	y	
	REG. NO.	Y-01		
AST	20. DATE OF DEATH MONTH PAY	YEAR	25 HOU	R30
lead	8-13	84	9	PN
F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	UNDER I YEAR	IF UNDER	24 HRS
- 3 - 1891	93 YRS. MO	NIHS DAYS	HOURS	MIN.
	9 BALTIMORE CITY OR COUNTY O	FDEATH		
DIVORCED DIVORCED	Baltimo	so to	tu	WE
R OTHER INSTITUTION	17a USUAL OCCUPATION  {TYPE OF WORK FOR MOST OF WORKING LIFE}	12b. KIND O	F BUSINE	SSOR
Home	Housewife	Own H	ome	
13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE			
YES NO K	415 D Wheaton Pla	ace	2122	8
15 MOTHER'S MAIDEN NA	ME			
FIRST	MIDDLE	LAST		
Keturah		Av	res	

ADDRESS 404 Ivy Church Road

ľ	No	220-44-7488	Stuart R. Wilcox	Timonium, Md.21093
	18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0		Heart Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH G worths
	Conditions, if ony, which gove rise to immediate			l'seuse years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

9a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUT	OPSY?	M. IF YES, W IN CERTIFYIN YES [	VERE FINDI NG CAUSE	NGS USED S OF DEATH? NO []
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	1) TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED (ENTERN	IATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	,	CITY OR TOV	VN	COUNTY	STATE
saw the decreased alive on	rattended the deceosed from 19.84, or ew the body after death.	nd that in (my) (con opinion	, to death occurr	ed on the do	te and hour or	nd from the	that (1) (🖛) lo
17h SIGNATURE		DEGREE				22c. DATE	SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 22e ADDRESS

balta Md 2/2/8

230 BURIAL, CREMATION, REMOVAL 236. DATE Burial 8/20/84

231 NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

23d LOCATION CITY OR TOWN Pikesville

STATE Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

morked ar Item

MPORTANT.

BP.

FOR

I. DECEASED NAME

Female

Maryland

BAllimore

USUAL RESIDENCE (IF NUR 13a. STATE

Maryland

**EATHER'S NAME** 

Joseph

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

70 BIRTHPLACE ISTATE OF FOREIGN

(TYPE OR PRINT)

3. SEX

EMMA A. WILCOX

COUNTY

Baltimore

(IF YES, GIVE WAR OR DATES)

MIDDLE

4 RACE White

MIDDLE

76. CITIZEN OF WHAT COUNTRY?

U.S.A.

Leroyam Crussell C. Witzke Euneral Homes P.A. 1630 Edmondson Avenue, Catonsville, Md. 21228

6

une Davidson-Randall

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100		CEASED NAME FIRST	1 .	MIDDLE
4 mov	3. SE	F	1. RACE	ESTELLE 5.
the death of which the death of which 72 had a within 72 had a	V :	RTHPLACE (STATE OR FOREIGN COUNTRY)  ITGINIA  TY OR TOWN OF DEATH	U.S.	WHAT COUNTRY? 8.  A.  W HOSPITAL, NURSING H THE FACILITY, GIVE STREET ADDI
E, MARYLAND 21201  Completely filled in the food 2 should be filled of experimental and a should be filled.	USU / 130 S M :	ALTIMORE ALRESIDENCE (IF NURSING HOME OF STATE  136 COUP  17 1 and  THER'S NAME	VIY	Baltimo
MORE, MAR e executed win ond complet Poges ond	(		MED FORCES?	Huges 166 SOCIAL SECURIT
RECORDS, 201 W. PRESTON ST., BALTI low requires that the death certificate b s been signed by the ottending physicio remit. Then please remove carbon popers. s prior to buriol, cremation, or removal. s ony injury, or other troumatic event, the	CERTIFICATION	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)  Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT (A)  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING (C) OR CONTRIBUTING (C) CAUSE OF DE.	DUE TO, O  DUE TO, O  (c)  CONDITIONS CI  19b COND  21b. TIME C	R AS A CONSEQUENCE  R AS A CONSEQUENCE  ONTRIBUTING TO DEA  ITION FOR WHICH OP  OF INJURY
HOSPITAL OR ATTENDined by the hospital or EUNERAL DIRECTOR: A void be detoched for use hithe State Dept. of Heal or State Dept. of Heal	MEDICAL	IF EITHER NOTIFY MEDICAL EXAMINE:   21d   INJURY OCCURRED	P. P. 21a. PLACE (AT HOME, STI	ne deceosed from
0 % 5 % W			Jan Sars	

STATE OF MARYLAND TOF HEALTH AND MENTAL HYGIENE ERTIFICATE OF DEATH

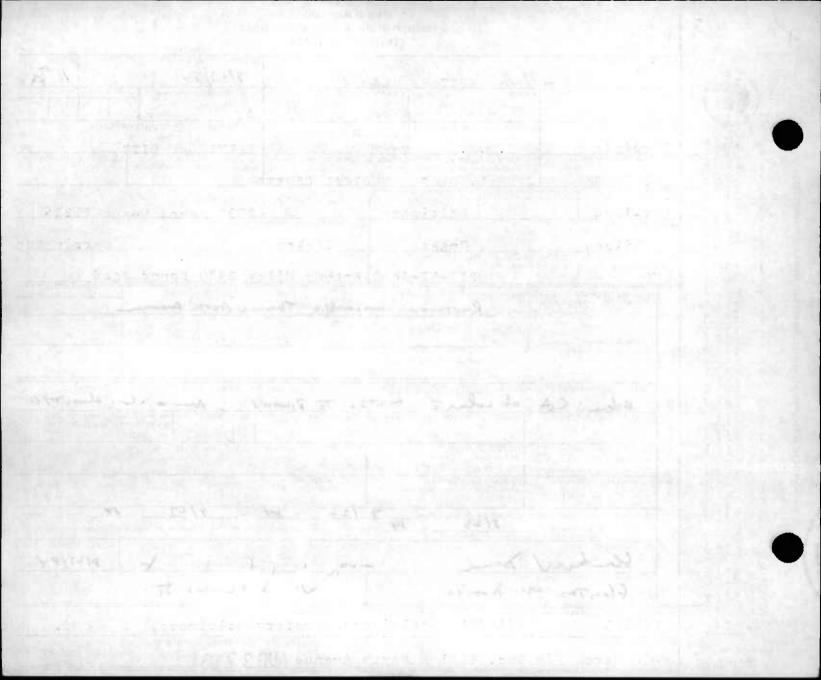
	REGISTRAR						REG. NO	J.		
	CEASED NAME	FIRST		AIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
,,,,,	On PRINT!	VA	line	ESTELLE	(1	Dileu	8/23/84		955	11 DM
3. SE	X		4. RACE	потшини	S. DATE C		6 AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
	F	- 1 / 1	B		MONTE	DAY YEAR	53	YRS.	DAYS	HOURS MIN.
	RTHPLACE (STATE OF F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY O		ATH	
	irginia		U.S.	٨	WIDOWE	D NEVER MARRIED DIVORCED	BALTIMOR	E OIMV		MD.
	TY OR TOWN OF DEA	TH	11. NAME OF		IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 17b.		BUSINESS OR
R	ALTIMORE	F3	JOHN I	H FACILITY, GIVE STREET		DICAL CENTE	(TYPE OF WORK FOR MOST O	F WORKING LIFE) IND	DUSTRY	
USU	AL RESIDENCE (IF NURSI		OTHER INSTITUTION.	GIVE RESIDENCE BEFORE		DICAL CENTE				
COURT	STATE	136 COUN	ΙΤΥ	13c. CITY OR TOW			130. STREET ADDRESS	N. S.	0.1	005
	aryland			Baltim	ore	YES NO 1	2930 Rou	nd Road	21	225
14.17	FIRST	A	AIDDLE	LAST		FIRST	MIDDLE		LAST	
	Wilson			Huges		Pinkey	ADDRE		Carr	ington
	VAS DECEASED EVER		MED FORCES? EWAR OR DATES)	166 SOCIAL SECU		17 INFORMANT				
	00			219-52-	5640	Arthur Wil	ey 2930 R			
	18 CAUSE OF DEATH			line for (a), (b), on	d (c).)	- FIRM THE 25			APPROXIM	NATE INTERVAL NSET AND DEATH
	PART I. DEATH W		E CAUSE (o)	Rupturex	1	spendle Than	mi AOTE 1	menys	101	
			DUE TO O	R AS A CONSEQUE	NCE OF					
	Conditions, if ony,	which	( (b)	K AS A CONSEGO				B STORY		
	gove rise to imm	nediote								
	couse (o), stoting couse		DUE TO, OI	R AS A CONSEQUE	NCE OF			2 - 1		
	DART 2 OTHER SICA	HEIC ANT C	ONDITIONS CO	ALITRIBUITING TO	DEATH BUT	NOT RELATED TO THE TERM	NIAL DISEASE OR CON	DITION CIVEN IN	DART 1/-	
z	AA A	CAN	of ce	0 -	my 6-			ing clas		
ATIC	19a. DATE OF OPERAT	HON	,	TION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE		
CERTIFICATION	THE DATE OF OFERAL	1014	170 COND	HOW TOK WHICH	OFERATIO	THAS FERT ORINED		IN CERTIFYING	CAUSES	OF DEATH?
RT	21a. ACCIDENT WAS UND	SERIVALC [	21b. TIME O	E INTUIDY		21c. HOW INJURY OCCURE	YES NO	YES 🗌	0.000	NO 🗆
	OR CONTRIBUTING	_	LICHIO A		AY YEAR	21t. NOW INJURY OCCUR	(ENTER NATURE OF INJU	IV IN HEM IS PART FOR	PARI 2}	
MEDICAL	LIF EITHER NOTIFY MEDIC				19					
AED	214 INJURY OCCURR		210. PLACE (	OF INJURY BET, FACTORY, OFFICE, F	ARM, ETC )	21f. LOCATION STREET	CITY OR TO	wn co	YTHUC	STATE
~	AT WORK NOT WH	RK					PER EL MINE			
19	22a.1 certify that (1)	(this hospit	ol) ottended the	e deceosed from_	7	126 19 84	10_ 8/2	19_2	, th	hot (I) (we) lost
	sow the decease above, (I) (we) (d			ofter death	34,0	nd that in (my) (our) opinion o	death occurred on the de	ate and hour and f	rom the co	ouses stoted
	22h. SIGNATURE					DEGREE		27	c. DATE S	IGNED
	Clanty	411/	San			ATTENDING PHYSICIAN	MEDICAL STATE		9/2	1/84
81	22d. PHYSICIAN'S NA	AME (TYPE OF	PRIN1)			220 ADDRESS	J D MCC TO M CO TO			, .
	Glos.7	D2 4	v. A	ris		611 5	. Chambers	50-		
220	DIIDIAL COEMATION	OF MOVE:	Task DATE	142.	LAME OF C	EMETERY OR CREMATORY	1234 LOCATION			
230.	BURIAL, CREMATION,	KEMOVAL	8/28/	84 Ba	1 tim	ore Cemeter	Baltimo	COUN	TY N	1d . STATE
			0/20/	- I D a		OTC OCHICLET	y   Dallin	IC.	I.	IU.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

Wm C March F/H Inc. 1101 E North Avenue AVG 2

256. DATE REC'D. BY REGISTRAR 29. REGISTBAR'S SIGNATURE
ALIC O 7 1001



DHMH - 17 (VR A15 ME (5) 20M 4/82

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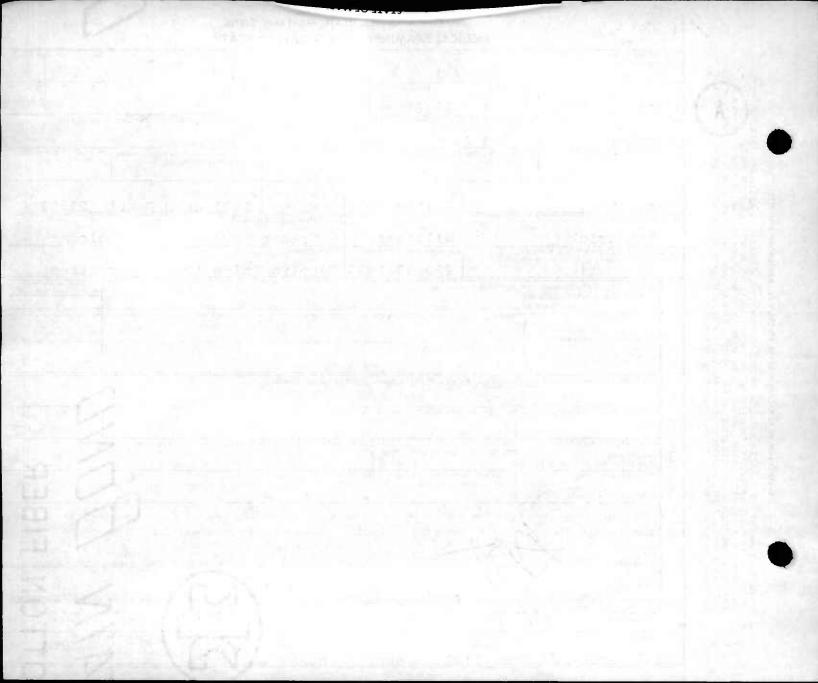
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4

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2		6

	STATE REGISTRAR		MED	DICAL E	XAMIN	ER'S CI	ERTIFIC	CATE	F DE	TH	REG. NO.			
	CEASED NAME OR PRINT)	E FIRST		WIDDLE		i.	AST			20. DATE KNO	OWN	MONTH D	AY YEAR	26. HOUR
, , , ,		V1F	RGINIA	K.	WIL	FANG	WIL	FONG		DEATH MA		8-17-	-849	M
3. SEX	male	4 RACE White	5. DATE OF BIRTH MONTH DAY 8-25-19	YEAR	6 AGE (IN YEA	ARS IF UNE	DER TYR.	IF UNDER	24 HRS.	2c. DATE PRONOUNCED DEAD	>	8-23-	-84	12:40
	RTHPLACE (S		76. CITIZEN OF WH						300	9. BALTIMORE	CITYOR		17	
W.	reign country)		U.S.A.		1 76	WIDOWE	DO	VER MARR DIVORC	ED D	Balti				MD
	Baltin	nore	2355 Ani	napot	is Rd.		R INSTITU	TION	FOR	JAL OCCUPATION OF WORKING  Carto	LIFE)		OR INDUST	
13a S1		(IF IN NURSING HOME	OR OTHER INSTITUTION, GIV NTY		OR TOWN		3d INSIDE (I	NO [		EET ADDRESS	polis	Rd.	21230	
14. FA	THER'S NAMI		WIDDLE		AST fong	1	Dai:	R'S MAIDE	EN NAME	MIDDLE		Cas	sell	
16a. W	VAS DECEASE	DEVER IN U.S. AF			IAL SECURITY	NO.	7. INFORA			A	DDRESS	Oas	W. 1	Ta.
	ES, NO, OR UNKNO	(IF YES, GIV	E WAR OR DATES)	236-	36-224	7	fre. I	Elmer	Pat	ton, 40	5 6th	Ave		
		E DEATH /Enter of	nly ane cause per line									1240.	APPROXIMAT	
NOIL			CONTRIBUTING TO DEATH 8			T			R1 1 (6).					
CERTIFICATION	190 DATE OF	OPERATION	196 CONDIT	TION FOR WHICH OPERATION WAS PERFORMED?					2	YES	NO <b>X X</b>			
	UNDERLYING	AL CAUSE WAS OR NG CAUSE OF			DAY YEAR	21c. HO	W INJURY	OCCURRE	D (ENTER	NATURE OF INJURY I	N ITEM 18 PAR	RT 1 OR PART 2)		
MEDICAL	WHILE AT WORK	NOT WHILE I	21e PLACE C STREET, FACT	OF INJURY ORY, FARM, ET		211 LOC	ATION			CITY OR TOWN		COUNTY		STATE
	220   cert		ge of the remains, desc	Accident		Autopsy	Homic	Inspectio	_	Inquiry		in my opinio		
	ACTUAL SIGNATURE	140	uprte 11	rey	hell	M.E		istan		ICAL EXAMINE	R	DATE SIGNED_	8-23-8	34
	EXAMINER'S (TYPE OR PRI		rgarita A.			^	DDRESS_			Street				
	URIAL, CREMA (PECIFY)  Bur	ial	236. DATE 8-26-84		S twood				CITY	CATION ORTOWN inton	Summ	county	W. Š	VA.
	UNERAL DIRECT		, Inc., 530	5 Har	Bal ford H	to.,	Md.	250. DATE	G 2	REGISTRAR 2	Sh REGIST	Marydon	AL Rand	.02

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4.		OR .				MENT OF H	EALTH		ENTAL	2		2	1 9	ડે	2	
20		TATE EGISTRAR		ME	DICAL	EXAMINE	R'S C	ERTIFIC	CATE	OF DEA	TH	REG.	NO.			
		ASED NAMI	FIRST		MIDDLE	1	l	AST			2s. DATE OF	KNOWN ESTI-	MONTH	1 DAY	YEAR	26 HOUR
0		,	Blanch	ne H.	(E.)		Wi	llian	ns			MATED	□ 8/	1/84 19	9	^
3. 5	SEX	0.2	4 RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEAR		DER 1 YR.	IF UNDER		2c. DATE		HTMOM	DAY	YEAR	2d HOUF 11:55
1	Fe	male	Black	10 4	15	68 YRS	1110011111	DAYS	Hours	MIN	PRONOU! DE AE	)	8/	1/84	9	A N
70		THPLACE (5'		76. CITIZEN OF WI		TRY?	MADDIE	D D NE	VER MARR	NED X	9. BALTIN	ORE CIT	Y OR COUN	NTY OF DE	ATH	
35		rylan	Б	U.S.	A .		WIDOWE	-	DIVOR		Balt	imor.	e Cit	v .		MC
		OR TOWN		11. NAME OF HOS	PITAL, NU		OR OTHE	R INSTITU	MOIT		JAL OCCU	PATION (	TYPE OF WORK	1126 KINE	O OF BUS	SINESS
35 130 35 130	P	altimo	re	1021 Wei						FOR A	MOST OF WOR	RKING LIFE)		OKI	NDUSTR	aT .
	UAL	RESIDENCE	(IF IN NURSING HOME OF	OTHER INSTITUTION, GE	E RESIDENCE	BEFORE ADMISSION				les area						100
	Ma.	rvlan	3b. COUNT	Y		OR TOWN	- 1	YES 😾	NO		EET ADDRI		Cour	+ 2	120	2
		HER'S NAME							ER'S MAID	1 4.0			COUL			4
20		Frede		WIDDLE	TAT i	lliams			sthe:		٨	AIDDLE		Holc		
160			D EVER IN U.S. ARM	ED FORCES?		IAL SECURITY		17. INFOR		Τ		ADDRE		потс	OIIID	
1	(YES	NO, OR UNKNO	(IF YES, GIVE V	/AR OR DATES)	221	0-03-1	925	Care	alun	Dai	ga 1	209	Enco	r Ct	ree	+
	1		E DEATH (E-1				923	Car	JIYII	Pal	ge I	209	Eliso	APPR	ROXIMATE	INTERVAL
		PARTIDE	F DEATH (Enter only ATH WAS CAUSED	DV		osclero	tio	Candi	0170 (2)	an law	Dice	22.50		BETWE	EN ONSET	AND DEATH
₹			IMMEDIAT	CHOOL (O)		ISEQUENCE O		Caru	LOVAS	cular	DISE	case	_	-		
REMOV		Canditia	ns, if any, which	DOE 10, OK	AS A COI	SEGOEINCE O										
		gave ri	se to immediate stating the under-	(b)	AS A CON	ISEQUENCE O	,	-								
		lying cau		DUE TO, OR	AS A CON	DECLUENCE O	1									
		BART 2 DINER CI	GNIFICANT CONDITIONS C	(c)	BUY NOV BEL	700 20 VIII 2004III										
1			Diabetes N		BUI NUI KELA	IED IO INC IEKMIN	ANT DISEASE	DK COMBILID	IN GIVEN IN PA	AKI I (a)						
1	Ĕ ŀ		OPERATION		ION FOR	WHICH OPERA	TION W	AS PERFOR	RMED?	-		-		20. AU	TOPSY?	
2	E E			77 14 15										-	s 🗆	NO TX
	CERTIFICATION	ZIO EXTERNA	L CAUSE WAS	21b. TIME OF			21c. HO	W INJURY	OCCURR	ED (ENTER	NATURE OF IN	JURY IN ITEM	18 PART I OR F		7 []	NO LA
5	ALC	UNDERLYING	OR NG CAUSE OF D	The second second second		DAY YEAR										
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	ME	WHILE	NOT WHILE C	STREET, FAC	ORY, FARM, E	TC.)	ST	REET			CITY OR TO	NWN	C	OUNTY		STATE
SE	1	AI WORK -	AT WORK							۲۷۱						
		220   certi	ly that I taak charge	of the remains des		ive, held an	Autaps	, —	Lospection	on A.	Inquiry	LJ	and in my	pinian		
		death result	ed framNoture	19	Accident	L. Suic	ide 🔲.		cide .	Undete	ermined m	anner	١,			
		ACTUAL	Y	1707	-			TITLE (S	SPECIFY)	n +			DATE	E 0/	1/04	
		SIGNATURE.	1	VAI			M.	D. ASS	sista	nt MED	ICAL EXAM	MINER	SIGN	JED 0/	1/84	
2		XAMINER'S	NAME a	0					777		01	D. 11		. 01	201	
23		TYPE OR PRI	NT) Gre			man, M.						Balt	O., M	a. 21	201	
23		URIAL URIAL	TION, REMOVAL 23	8/7/84		name of CEM					anda	1104	CO	DUNTY	Md ST	ATÉ
24		VERAL DIREC		-, -,	IX.	ing me	IIIOT 1	. 41 1					GISTRAR'S			Colle
		NAME		ADDRESS					AUG			1. SO KE	Davids	on han	dale	
	Wm	С Ма	rch F/H	Inc. 1	101	E Nort	h A	venu	PAUL	) 0	1304	1	2 \$2000 (W)			1
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DHMH - 16 50M 1/81 (VRA 15, 4)

				STATE OF MARYLAND	2 1	9 3 3
	1-	FOR STATE REGISTRAR	DEPARTMI	ENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST Edward	WIDDLE	Williams, Jr.	20. DATE OF DEATH MONTH	15 484 3.45 A M
	3. SEX	male	Black	5. DATE OF BIRTH  MONTH DAY  YEAR  YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. RS
17		ATHPLACE (STATE OR FOREIGN 76 (		MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COU	city MO.
39		Baltmore 11.	(IF NOT IN SUCH FACILITY, GIVE STREET AS	2,	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	
35	13a. S	AL RESIDENCE   IF NURSING HOME OR OTH TATE   13b. COUNTY	er institution give residence before a 13t. By OR TOWN	YES NO NO	3503 Mil-	Ford Ave
20	E	THER'S NAME FIRST MIDE	William	SST S MOTHER'S MAIDEN NAM	MIDDLE	tAST
	16a W	VAS DECEASED EVER IN U.S. ARMED (IF YES, GIVE WA		1404 Eva Willie	ams 3503	Milford Ave.
		18 CAUSE OF DEATH   Enter only o PART I. DEATH WAS CAUSED B' IMMEDIATE C	Y: CA	11 2		BETWEEN ONSET AND DEATH
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)  DITIONS CONTRIBUTING TO DI	Carcinoma o	metastasis.	e Yebra Months
9	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH C	DPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES NO NO
9	MEDICAL CERT	?1a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (15 ETHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M. 21e. PLACE OF INJURY	Y YEAR 19 216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 1B PART 1 OR PART 2)
	MEC	WHILE NOT WHILE AT WORK	( AT HOME STREET, FACTORY, OFFICE, FA	RM. ETC ) STREET	CITY OR TOWN	COUNTY STATE
		22a. I certify that (1) (this haspital) sow the deceased alive an above (1) (we) (did) (did nat) vi	ew the bady after death.		ta_8-15 death accurred on the date and	d hour and from the causes stated
		226. SIGNATURE Chang C	hoon Han	DEGREE  ATTENDING PHYSICIAN  228 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	
	N.	22d. PHYSICIAN'S NAME (TYPEORPR	hoon HAN	2600 Libe	provident Hosp. exty Height, Ba	0 bin 1 2/2/
	- (	Burial	8-20-84 GO	AME OF CEMETERY OR CREMATORY	Vet Cem	- Bousters town
	L	eroy O. Dyet	4600 Liber	ty Hats. Avenu	6 1 6 1984 July	a Daydson-Aandelle

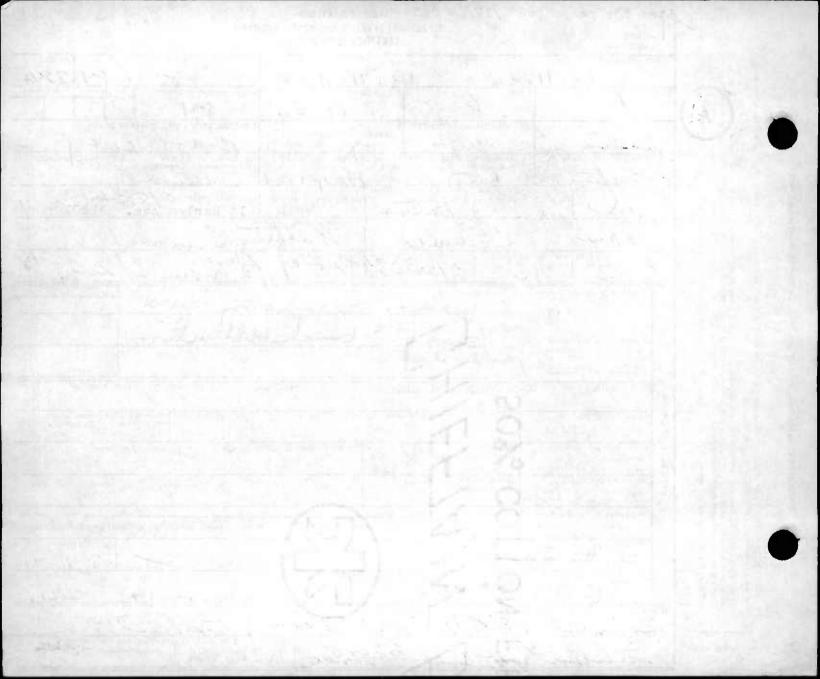
Edward VIDIGAS J. Edward browns March A Control " 190 PRINTERN Williams Stand West Ave. Purchase of the property three transfer of the party of the property of the pr

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STATE OF MARYLAND

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1	Ate	em 13e per phon	ne 8/17/84 dad	STATE OF MARYLAND	2.1	7 3 3
	1.	STATE REGISTRAR	DEFARIA	CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ge 3 eath	(TYP)	OR PRINT)	ian l	villiAms	8-1	1 84 254AM
du 4	3. SE	×	I RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
8 ( A )	7- 0	IRTHPLACE A STATE OR FOREIGN 7	b CITIZEN OF WHAT COUNTRY?	5 19 00	9. BALTIMORE CITY OR COUNT	TV OF DEATH
9 3 Br	10.0	IRTHPLACE STATE OR FOREIGN (7	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	S. BALTIMORE CITY OR COUNT	c V
within bed in	10.°C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
S of		Bulling my	huthors	a Hospiral	allied	INDUSTRY .
24 hour filled in ould be in		AL RESIDENCE (IF NURSING HOME OR C		1 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 8/8	3 down
X	14. 80	ATHERSNAME	Bull	YES NO 15 MOTHER'S MAIDEN NA	818 Harlen APe	212014
tompletely ond 2 standard	(		Juener J	/ Kathe	uno Income	EAST .
5 0		S DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU		BerneADORESS	1 0 + 214
be exect on ond or 's. Pages		no n	0 2/20	089 120013	13 Saplas -	of During 10
hysicial popers.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one cause per line far (a), (b), and BY:	dio.)	L= Suest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
certifing pling plus rem		IMMEDIATE	CAUSE (a)	o - Nexque	and and	
attend nove co otion, c		Canditians, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF Swelle	- particular -	
the em re		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
ed by pleose rriol, cr		underlying cause last.	( (c)			
quire sign lhen to bu	Z	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to </u>	DEATH BUT NOT RELATED TO THE TERM	NNAL DISEASE OR CONDITION G	IVEN IN PART 110
been must. prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
he hos	RTIF				YES NO	res NO
SKCIAN: The physicic certificate certificate cariol-transit ental Hygic them 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DA	Y YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
A None	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  214 INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f. LOCATION		
DING PH or attent After thise as the bealth and d	M	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC ) STREET	CITY OR TOWN	COUNTY STATE
Z = 25 + 5			al) attended the deceased from_		, ta	, 19, that (I) (we) last
Phit phit phit phit phit phit phit phit p		saw the deceased alive an_ abave, (1) (we) (did) (did not	view the body after death		deoth occurred on the date and he	
		22b. SIGNATURE	dde	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
HOSPITAL ined by th FUNERAL wild be dett h the Stote		224 PHYSICIAN'S NAME (TYPE OR	PRINT A -	PHYSICIAN [	DIRECTOR PHYSICIAN	10-71-89
retoined TO FUNI should bi with the		ZYOTH	G 4DDE	730 9	shbortons	+ 21216
0 to 0 to 1 to 1	230	BURIAL, CREMATION, REMOVAL	236. DATE 15-CV 23C.	AME OF CEMETERY OR CREMATORY	23d LOCATION	ODUNEX STATE
BP	24.5	Decree 2	2001	114-3100	Dellar	JIT C
DHMH - 16 50M 4/82 (VRA 15, 4)	24. 6	NAME OF THE OF	Short ADDRESS	320/tag All	E REC'D. BY REGISTRAR 25b. REGIS	Lan ales - Lines
	<u></u>		11/1/1	7		



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed etanined by the hospital or ottending physician.

STATE OF MARYLAND
DED ADTMENT OF MEALTH AND MENTAL

La	1	J	-
dimental.			

	1-	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	JENE REG. NO			
		CEASED NAME FIRST	MIDDLE	l.	AST		MONTH DAY	YEAR	26 HOUR
1	(TYPE	ORPRINT) MARII	$\epsilon$ $\epsilon$ .	will	AMS		8 23	84	10 P M
ı	3. SEX	(	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY] IF UN	NDER I YEAR	IF UNDER 24 HRS
١		F	Black	MONTH	22 1899	85	VRS MONTH	HS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8.		9. BALTIMORE CITY O		DEATH	
	C	OUNTRY) MD	USA	WIDOWE	D NEVER MARRIED D	Baltin	nore Ci	Lty	MD.
9	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING HOME C		12a USUAL OCCUPATE			BUSINESS OR
1		Baltimore		ARLES GEI	NERAL HOSP.	(TYPE OF WORK FOR MOST O	F WORKING LIFE) [	NDUSTRY	
	13a S	TATE MD	NTY 13c CITY	OR TOWN Ltimore	YES X NO	13e. STREET ADDRESS 702 E. 2	23rd St	reet	21218
1	14 FA	THER'S NAME William	MIDDLE	olmes	15. MOTHER'S MAIDEN NAM	WE		2 IAST	
4	16a \A	/AS DECEASED EVER IN U.S. AI		IAL SECURITY NO.	17. INFORMANT	ADDRE	SS	•	
			IVE WAR OR DATES)	22-1660	Leauntte 1	Richards 5	508 E.	26th	Street
ı		18 CAUSE OF DEATH (Enter o	inly one cause per line for to	a), (b), and (c).)				APPROXIM BETWEEN O	MATE INTERVAL
ı		PART I. DEATH WAS CAUS	ED BY: TE CAUSE (a) Que	_	udial Dype	iction			Rouse
		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	ONSEQUENCE OF	24				
1		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART Ita	,
21	ō	C	arliomzopa	thy					
-	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WE IN CERTIFYING	G CAUSES	
		2)a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	HOUR A.M. MO		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	IY IN ITEM IS RART I	ORPART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME STREET, FACTOR		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) (this hose sow the deceased alive at abave, (1) (we) (did) (did no	a las	19 84 01	nd that in (my) (our) spinion (	deoth occurred on the do	te and hour one		hat (I) (we) last auses stoted
,		226. SIGNATURE Vineranda	J. Barner			MEDICAL STAF	F	8/2:	SIGNED 3
1		VENERANDA	G. BARNE			enled Gen	· Hoap	ν.	
		URIAL, CREMATION, REMOVAL			. Nat. Cem.	23d. LOCATION	co	YINUC	STATE MD
	24 5:	Burial	8/28/84	Barto		Balto		10.00	MD
	TATTO		F/H, Inc.	ADDRESS 1		E REC'D. BY REGISTRAR	La Day de	25/1946	IN SEC.
	AA1f)	. C, March	/n, Inc	TIOI E.	North AUD	4 1 1003.			ñ

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner massible notified.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

18-22a 10/1/84 mtb F#596

(VR A15 ME (51) 20M 4/82

executed within 24 hours

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requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN; The low retained by the hospital or attending physician.

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10.	SIT	A	1
US 130	UA S	LR	ES

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

		- STATE REGISTRAR	CERTIFICATE OF	DEATH REG. !	NO.
		CEASED NAME MIRST	Willies Willies	20. DATE OF DEATH	8-30-84 250 PM
	3. SEX	F JACEB	S. DATE OF BIRTH MONTH DAY	YEAR 74	IRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.  YRS.
of once.		N. C. 11.5	. H . WIDOWED D	NORCED BALT	OR COUNTY OF DEATH  A C. 1TV  MD.
notified	B	BALTO. CITY LUTH	HOSPITAL, NURSING HOME OR OTHER IN CHEACHTR GIVE STREET ADDRESS)	STITUTION 120. USUAL OCCUPA (TYPE OF WORK FOR MOST	
A State	13a. S	IAL RESIDENCE (# NURSING FOME OR OTHER INSTITUTION STATE 136 COUNTY	BALTO . 13d. INSIDE	CITY LIMITS? 13 STREET ADDRESS	PHIN ST. 21217
OC Semine		ATHER'S NAME  WAS DICENTED EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO. 17 INFORM	PERST MAIDEN NAME MIDDE	RESS THAST
he medicol		(18. CAUSE OF DEATH (Enter only one couse pe	22509/309 An	NIE NORDA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or other troumotic event,		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, C  Conditions, if ony, which gove rise to immediate	C all home or as a consequence of or as a consequence of	of colon with to the li	h metarkis ver.
ws ony injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATE		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
them 18 sho	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH HOUR A	OF INJURY  .M. MONTH DAY YEAR  .M. 19  OF INJURY 211 LOCAT	NJURY OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR PART 2]
morked or	MEC	WHILE NOT WHILE AT WORK	TREET, FACTORY, OFFICE, FARM ETC ) STRE		
Hem 21 is n		220.1 certify that (1) (this hospital) attended to sow the deceased alive an consequence (1) (we) (did) (did not) view the bad 22b. SIGNATURE	ne deceosed from		date and hour and from the causes stated  22s. DATE SIGNED
MPORTANT: H		22d. PHYSICIAN'S NAME (TYPE OR PRINT)  Methods   220 ADDRI	PHYSICIAN DIRECTOR PHYS	730 Ashputus Det.	
3		BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL 9-1-	84 MA AUDUC	CITY OR TOWN	COUNTY STATE
4/B2	24 FU	COWN / Thompsonft	1. 1913 Baltimore 5	SEDO E MAT	Filia Davidson-Randall

DHMH - 16 50M 4/B2

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be 1 and 1 and 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

20M 4/82

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#### STATE OF MARYLAND

2	7	ele-	-

1.	FOR STATE	DEPA	RTMENT OF HEALTH AND ME		44		1	9					
	REGISTRAR		CERTIFICATE OF DE	ATH	REG. N	0.							
	CEASED NAME FIRST	WIDDLE	LAST	2a.	DATE OF DEATH	MONTH DAY	YE AR	2b. HOUR					
FITTE	EDWARD	W	ILSON	A	ugust 6	. 1984		6:20A					
3. SEX		4 RACE	5. DATE OF BIRTH	6 A	GE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS.					
	M.	NEGRO	MONTH DAY	O4	8	YRS.	VIHS DAYS	HOURS MIN					
7e BI	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	5 1.0	ALTIMORE CITY		FDEATH	4					
1	A VIRTINUOS	U.S.A	MARRIED   NEVER MA	RRIED D	t	ALT	110	VV W					
10 CI	ITY OR TOWN OF DEATH		SING HOME OR OTHER INSTIT		USUAL OCCUPAT	ION Y	17h KIND C	F NUS MESS OF					
li	3AL10.	(IF NOT POUCH FICILITY, GIVE STI	her Host	0 /2	The was to make	berden	Beli	Dle					
	AL RESIDENCE OF NURSING HOME OR	ITY 13c. CHYOR T	13d. INSIDE CITY		STREET ADDRESS	ZIP CODE	9	2120					
	Ma	1 5 th		-	101 11	DA	rady	dy					
14 FA	ATHER'S NAME FIRST	MIDDLE	15 MOTHER'S A	ANDENNAME	y moon		ini	1					
	VAS DEREASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SI	CURITY NO. 17. INFORMAN	41	ADDRI	ESS / /	11						
1 '	YES NO OR LYKNOWN) [# YES, GIVE	219-6	5-7397 (161	herill)	mi	1ch8	ohd						
	18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b)	and ici.i			1	APPROX BETWEEN	MATE INTERVAL					
	PART I. DEATH WAS CAUSE		GESTIVE HEAR	T FAIL	URE		200						
-	BANALDANA	DUE TO, OR AS A CONSE	OUENCE OF			D 123	7 7						
	Conditions, if ony, which	( (b) RECEN	T CEREBRAL V	ASCULA	R ACCIDI	ENT							
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF					40 190					
	underlying couse lost	(6)	WOLVICE OF				ATO						
	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO	O THE TERMINA	DISEASE OR CON	DITION GIVEN	IN PART L	0					
NO NO													
N N	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORM	AED :	On AUTOPSY?	20b. IF YES, V							
Ě					ES NO X	YES [		NO []					
CERTIFICATION	210. ACCIDENT WAS UNDERLYING		21c HOW INJU		(ENTER NATURE OF INJU	RY IN ITEM IS PART	I OR PART 2)						
	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	100									
MEDICAL	216. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		CITY OR TO		COUNTY	STATE					
X	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFF	CE FARM, ETC ) STREET		CITY ON IC	)WN	COUNT	SIAIC					
	27a Learlify that (I) this hasoital attended the deceased from [11] v 3 19 84 to Anguet 6 1984 that (I) (we) by												
	sow the deceased alive on.	August 6,	984and that in (my) (o	ur) pinion deot	h occurred on the d	ate and hour a	nd from the						
	22b SIGNATURE	t) view the body after death.	DEGREE				22c DATE						
	A. V. 1	Helou, M	ATI ATI	ENDING N	EDICAL STA	FF CIANI C	8-6	6-84					
	224 PHYSICIAN'S NAME (TYPE O	JR PRINT)	27e ADDRESS		RCH HOS								
	A.J. Helo	II M D	100				MD 4	01021					
		u, m.D.	1 100	IV. DI	Uauwa V J	Dallo.	, IVIII	TUDI					
22- 5								,					
	BURIAL, CREMATION, REMOVAL (SPECIFY) BUSINESS		MT - (BLY)	EMATORY	ACITY OF TOWN	Beauty :	MINIO	STATE					
	BURIAL, CREMATION, REMOVAL			EMATORY	A LOCATION	Beauty :	COUNTY (	STATE					
	A A HAIO	u, M.D.	1 100	N. Br	oadway l	Balto.	, MD	21231					

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician of should be detached for use as the burial-transit permit. Then please remove carbanpoperit. Fawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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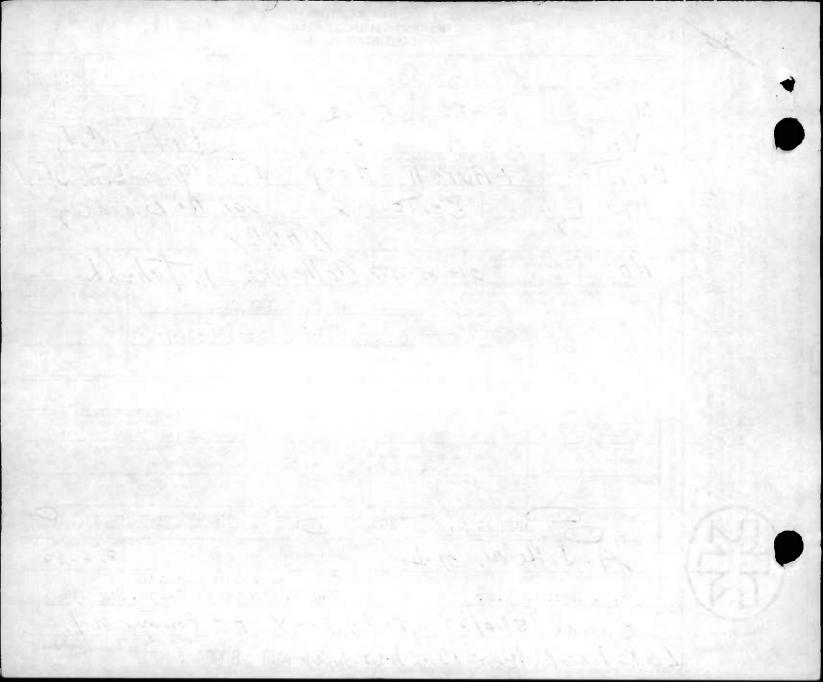
executed within 24 hours ofter

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low

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etained by the hospital or



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the furneral a should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 to with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If hem 21 is marked or hem 18 shows ony

STATE OF MARYLAND

1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYDIENE CERTIFICATE OF DEATH															
	REGISTRAR				CERTII	ICATE OF	DEATH		REG. N	0.						
	CEASED NAME F	FIRST		MIDDLE	L	AST		2a DA	TE OF DEATH	MONTH	DAY	YEAR	26. HOUR	, ,		
(1177)	E	1120	Letto		W	1/501	2			8 1	4	84	5:55	M		
3. SE	X	4. R	ACE		5. DATE C			6. AGE	(IN YEARS LAST BI	THDAY)	IF UNDER		IF UNDER 24 HR			
	Fragle		Bla	de	HINOM	22	YEAR OS	-	79	YRS.	MONTHS	DAYS	HOURS MI	٧.		
	RTHPLACE (STATE OR FORE	EIGN 7b (	CITIZEN OF	WHAT COUNTRY?	AT COUNTRY? 8.					9 BALTIMORE CITY OR COUNTY OF DEATH						
l '	Virginia		USA			MARRIED ☐ NEVER MARRIED ☐			BALTU	ty	MD.					
10 C	TY OR TOWN OF DEATH	11.		HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION				SUAL OCCUPAT		126. KIND OF BUSINESS OR					
1	BACTO.	B	MANCE	ES SCOT	TKE	EU ME	D.UR		ABORE				KIN6			
USU/ 13a, S	AL RESIDENCE (IF NURSING	HOME OF OTH	ER INSTITUTION.	GIVE RESIDENCE BEFORE		134 INSIDE	CITY LIMITS?	113a ST	REET ADDRESS			01	nn	0		
	MD	BAT	(17)		STATIO	YES 🗌	NO X	12		N C	n (	XI	d de	X		
14. FA	THER'S NAME					15. MOTHE	R'S MAIDEN N	AME								
	JOSEPH	MIDD	Jol "	1n.50 m		·F	atte	E	MIDDLE		Joh	1 S	77			
	VAS DECEASED EVER IN			166 SOCIAL SECU	RITY NO.	17. INFORA	MANT		ADDR	SS				_		
(	YES, NO OR UNKNOWN)	IF YES, GIVE WA	AR OR DATES)	218-22-4	759	Flos	SIE W	021,1	N 12	) Wil	low	Cr	· .			
	18 CAUSE OF DEATH	Enter only o	ne couse per	line for (a), (b), one	f (cs.)						- 81	APPROXIMET WEEN O	NATE INTERVAL	н		
	PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (0) (CAVY) O PULLY DIVINGINALY AVVEST									1	30	min C				
	DUE TO, OR AS A CONSEQUENCE OF.											/ 1	_			
	Conditions, if any, which (16) Conglistive Heart Failure								9	days	1					
	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF									11.1						
	underlying cause last. (c) Mysically Interchin									7	493	,				
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110															
CERTIFICATION								100								
3	190. DATE OF OPERATIO	N	196 COND	ITION FOR WHICH	OPERATIO	N WAS PER	ORMED	20a	AUTOPSY?			WERE FINDINGS USED NG CAUSES OF DEATH?				
E			1000					YES	0 NO		ES 🗌		NO 🗆			
1 8	210. ACCIDENT WAS UNDERL		216. TIME C	FINJURY M. MONTH DA	V VEAD	21c. HOW	INJURY OCCUI	RRED (EN	TER NATURE OF INJU	RY IN ITEM 18	PART I OR I	PART 2}	- 1			
¥	OR CONTRIBUTING CAU		P.		19											
MEDICAL	214 INJURY OCCURRED		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	211. LOCATION				City OR TO	OWN	COL	COUNTY STATE				
2	WHILE ON NOT WHILE		(A) HOME SI	REET, PACTORY, OFFICE, PA	ARM, ETC.)											
	22a.1 certify that (1) (th		ottended th		8/	9/	19 54	, to	2/14		19.50		hat (I) (we) l	ost		
	sow the deceased alive an 19 to and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (well (did) (did not) view the body ofter death.															
1	726. SIGNATURE DEGREE									220	DAJE S	IGNED				
	Mulle	Mily M.D. Ph.D. Ph.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D									0/4	184				
	22d. PHYSICIAN'S NAM	PHYSICIAN'S NAME (TYPE OR PRINT) 220. ADDRESS									-1	, ,				
	Michae	1 W	hit	Jou		1-10	12/5	500	H Key	The	dil	62/ (	elite,	2		
23a. E	BURIAL, CREMATION, REA	MOVAL 2	36. DATE	23c. N	IAME OF C	EMETERYO	RCREMATORY	23d.	LOCATION CITY OF TOWN		COUNT	ſγ	STATE	H		
В	urial	417	8-9	-84 C	EDAR	Hull	CEMET		BALTO	Tax is			(1)			
74. FI	UNERAL DIRECTOR			ADDRESS				ATE REC'D	BY REGISTRAF	235 REGIS	LEAR'S	SHAT	henous			

retained by the hospital or attending physician.

DHMH - 16 50M 4/B2 (VRA 15, 4)

James A.

Morton &

Son 1701-31 Laurens

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BY REGISTRAR 256 REGISTEARS COMMANDEN

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
TATE	CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYS CERTIFICATE OF DEATH	GIENE 2 1 1 4 2
MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
Wilgon	8 24 84 707 Am
5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
CK MONTH JAY ZO	QY YRS. MONTHS DAYS HOURS MIN.
WHAT COUNTRY? 8	9 BALTIMORE CITY OR COUNTY OF DEATH
MARRIED NEVER MARRIED &	BOITIMORE MD.
HOSPITAL, NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR
NERAU LOSONTAL	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
I, GIVE RESIDENCE BEFORE ADMISSION)	2/2
BOHLMORE 13d INSIDE CITY LIMITS?	13e STREET ADDRESS
15. MOTHER'S MAIDEN NA	AME
RELAST BERNINE	MIDDLE
11212 063374	16. Au ADDRESS
166 SOCIAL SECURITY NO. 17 INFORMANT	(315tel) 2000000
VELMA SOK	EVER 2130 KINGS HVEDILI
r line for (a), (b), and (c).1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Cardup ulmonery arrest	
OR AS A CONSEQUENCE OF	
NAME OF THE OWNER OWNER OF THE OWNER	

GEMENA						9011		8 24 87 / HON						
3 SEX 4 RACE					F BIRTH	WEAD	6. AGE (IN YEARS LA	ST BIRTHDAY}	MONTHS DAYS	IF UNDER 24 HRS				
FEMALE			BLACK		MONTH 3	15 DAY	20	0	YRS	MOINING	MOUNS MIN.			
70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIE					D NEVER									
71.5. WIDOWE							VORCED	HIMORY	E MD.					
10. C	DAOR TOWN OF DEA	ATH 11		HOSPITAL, NURSIN		OR OTHER INST	ITUTION	12a USUAL OCCU			OF BUSINESS OR			
-1	DALTIMOR	E	luti	HERAU	//	Sortal								
	AL RESIDENCE (IF NURS	136 COUNTY		GIVE RESIDENCE BEFORE		13d INSIDE C	ITY LIMITS?	13e STREET ADDR	ess ,	,	212/			
	ma.			BAHMORE YES NO [				3319 V	INTERL	DOUBLE -	Kd.			
ILF2	THER'S NAME	MID	DLE	LAST		15. MOTHER'S	S MAIDEN NA	ME	LE	LAS	51			
1	-18LLIAR	20	0,	KEID		663	3515	FLYTI	15					
	VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMA	INT	(SISTER) A	DDRESS	2.	2-12-1/6			
	No	( 120, 5112 11				VELME	SOR	UCE 2%	30 K	1995 K	WE 21216			
	II CAUSE OF DEAT			line for (a), (b), and	d <sub>e</sub> (c).1			,		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH			
	PART I. DEATH W	IMMEDIATE (		card	up al	money	arrest							
-			DUE TO, O	R AS A CONSEQUE	NCE OF	0								
	Canditions, if any, which													
	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									35000				
	underlying cause last (c)													
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110													
CERTIFICATION									Too. at a	TEC 11/EDE EN IO				
FICA	190 DATE OF OPERATION 196 CONDITI			ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
RTI		NE IN HIROY		In. Howe	LILIAN OCCUPA	YES NO YES NO NO RED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART ?)								
	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTE				AY YEAR	ZIC HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJURY IN HEM 18 PART I OK PART 2)						
EDICAL		NOTIFY MEDICAL EXAMINER)  P.M.  Y OCCURRED  21e. PLACE OF INJURY			19	ALC LOCATIO	201							
MED	WHILE NOT WE			REET, FACTORY, OFFICE, F	ARM, ETC )	21f LOCATIO	STATE							
	AT WORK AT WO	RK -				0/1	de	/	Char	64				
		220. I certify that (I) (this haspital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19												
	above, (1) (we) (	iew the bady	after death	and that in (my) (our) apinion death occurred on the date and hour and from the causes										
	22b. SIGNATURE Mallin Ma					DEGREE ATTENDING MEDICAL STAFF 22. DATE SIGN								
						PHYSICIAN DIRECTOR PHYSICIAN TO								
	22d. PHYSICIAN'S NAME (TYPE OR PRINT)					Lutheran Hospital								
		1000	•		MILL	currer ar 11 great								

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be firm with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumotic event,

IMPORTANT: If them 21 is marked or them 18 shows any

24 FUNERAL DIRECTOR

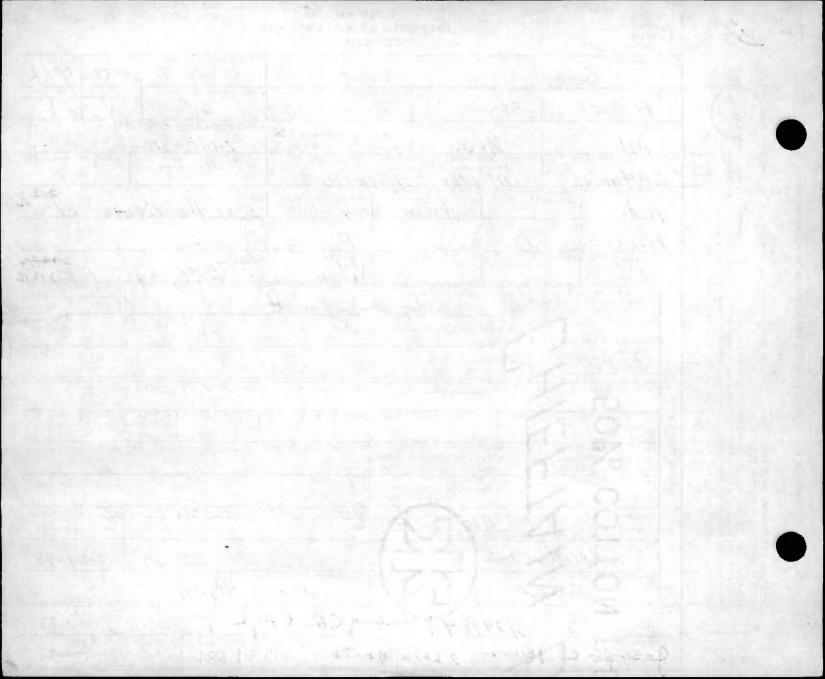
230. BURIAL, CREMATION, REMOVAL

1 DECEASED NAME

FIRST

236. DATE

230 NAME OF CEMETERY OF CREMATORY 23d LOCATION AUG 3



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director; should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather troumatic event, the medical exa

MPORTANT: If Hem 21 is morked or Hem 18 shows ony

er must be notified of once.

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	REGISTRAR				CERTI	FICATE C	F DEATH	1		REG. NO	O.					
	CEASED NAME	FIRST	N	NIDDLE		LAST			20 DATE OF	FDEATH	MONTH	DAY YEAR	2b. HOUR			
TYPE	ORPRINT)	ouise			70,	Son					8 -	9-84	2-	a M		
SE:	X.	4	RACE			OF BIRTH			6 AGE (IN)	EARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 2	A HRS		
f.	EMALE		Blac	1<	MON	1	b YE	13	71		YRS.	MONTHS DAYS	HOURS	MIN.		
a. Bl	RTHPLACE (STATE OF	OREIGN 7b	CITIZEN OF V	WHAT COUN	TRY? 8.			-	9. BALTIMO	RE CITY O	R COUNT	Y OF DEATH				
Bi	ackstone, VM		4.5	A.	WIDOW	ED NEV	ER MARRIE DIVORCE	_ 1			6:1	7		MD.		
0 C	TY OR TOWN OF DEA	TH 11			JRSING HOME	OR OTHER	INSTITUTIO	N	12a USUAL			/ 126. KIND C	F BUSINES	SSOR		
F	3		IF NOT IN SUCH	H FACILITY, GIVE	STREET ADDRESS)				TYPE OF WOR		F WORKING I	LIFE) INDUSTRY				
7	JALLO			eran	400	PITAL	_		Ver	nest	10		29			
	AL RESIDENCE (IF NURS	ING HOME OR OT 13b. COUNTY		13r CITY OR			DE CITY LIM	1TS?	280	ADDRESS R	HYNE	or Ave	212	16		
4. FA	THER'S NAME					15 MOTH	IER'S MAID	ENNAM	ΛE					1		
V	JALTER.	MIL	DDLE	LAS	NES	M	CAF	E		ANN		SH	CITO	N		
	VAS DECEASED EVER			166 SOCIAL	SECURITY NO.	17 INFO	RMANT		7417	ADDRE	SS					
- (	YES, NO OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES)	220-1	4-657	of My	5.	Shir	LEY	LINE	SAY	2808	RAXI	weld		
	18 CAUSE OF DEATH	4 /Fater calu	one saure nes	line los to let	ol and is 1. 4					-			MATE INTERV			
	PART I. DEATH W	· Min h	ul m	MAAA	N	any	116	BETWEEN	ONSET AND	ZEATH						
	IMMEDIATE CAUSE (a) CONCITO PUNITON ONG CONCESTO															
	DUE TO, OR AS A CONSEQUENCE OF															
	Conditions, if any, which (b) Myo Conglay what chan															
	gove rise to immediate															
	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF ALLO COLOR AS A COLOR AS A CONSEQUENCE OF ALLO COLOR AS A COLOR AS A CONSEQUENCE OF ALLO COLOR AS A COLOR A															
	(c) MINUO / G WOITE / CISCOSE															
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110															
NO																
CERTIFICATION	190 DATE OF OPERAL	ION	19h CONDI	DE CONDITION FOR WHICH OPERATION WAS PERFORMED						OPSY?	70b. 1F YI	ES, WERE FINDI	NGS USED	_		
FIC							110-110		IFYING CAUSES	NG CAUSES OF DEATH?						
E				21b. TIME OF INJURY 21c HOW					YES NO.					YES NO		
U	210. ACCIDENT WAS UND	DAY YEAR		W INJURY C	CCURRI	ED (ENTERNA	ATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2)							
AL	OR CONTRIBUTING				19	,										
S		IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.					ATION					_	_			
MEDICAL		216. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FAI						FARM, ETC.) 21f LOCATION STREET CITY OR					TOWN COUNTY STATE			
	AT WORK AT WOL	RK L			0	11 1-				010	10					
	22a.1 certify that (I)	(this hospital	) attended the	deceosed for	rom_ 8 /	8/8	Y 19		to	X191	W	19	that (1) (w	e) lost		
	saw the decease	d alive on	1818	9	/	and that in	(mr) (our) o	pinion d	leath occurre	on the de	ate and he	our and from the	rauses sta	ted		
	000Ve, (I) (We) (0	lid) (did no	view the body	after death.			1				110 01/0 110					
	22b. SIGNATURE	15-1	7) 1	K		DEGREE						ZZc DATE	ZZL DATESIGNED			
		MX	MAX	her	,		PHYSIC		MEDICAL	STAI PHYSIC	IAN	01	9/10	9		
	274 PHYSICIAN'S NA	ME CTYPE OF P	RINT			22e. ADD			, omeeron		/	101	1101			
	1/ //	, 1	A-17	APHE	1		/	.1	60	. 1	6.0	n. 1 (1)	1			
	11/	- /	N/C	17 X10	16		6	y/	14200	7 /	1021	1001				
23a E	BURLAL CREMATION,	REMOVAL	23b. DATE	9	231. NAME OF		OR CREMA	TORY	23d. LOC		1	-				
	BURIA	4	8-13-	84	King	Mem.	Parl	2	Ran	dalli	town	, Mary		ATE		
	14113									CA about	CO AA TI	Mary	Talla			

DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or offending physician

In funeral director James A. MORTON 580, ADDRESS ADDRESS ADDRESS ALBURGAS ST. AUG 10984 Julia Davidson-To

Julia Davidson Randelle

in in the second as well as the A SALE OF THE SALE AND A SALE AND the 1942 with the sale of the The Store many and an in the way your Kineman of alpert J. 3/12 O. 1/4 J. J. 1 Mark Market Barrell Commencer Commen

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAY

23

YEAR

1921

WILSON

5. DATE OF BIRTH

MONTH

MIDDLE

White

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

P.M

23b DATE

26 HOUR

IF UNDER 24 HRS

1984

IF UNDER I YEAR

REG. NO

AUGUST

BALTIMORE CITY OR COUNTY OF DEATH

2a DATE OF DEATH

AGE (IN YEARS LAST BIRTHDAY)

63 Years

MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY VA MEDICAL CENTER BALTIMORE MD Electrician Helper Bldg. Contr. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 3035 Elm Ave. Baltimore YES X NO [ 15. MOTHER'S MAIDEN NAME MIDDLE Wilson Florence Wiechert 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 18 9151 215 1721 Edgewood Rd.-Balt..Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) August August 84 220.1 certify that (X(this haspital) attended the deceased from sow the deceased alive on August. 29 above, (Nuwe) (did) (August) view the body after death and that in (mx (aur) apinion death accurred on the date and hour and from the causes stated DEGREF 22c. DATE SIGNED STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 3900 Loch Raven Blud. Baltimore, Md 21218 231 NAME OF CEMETERY OR CREMATORY Veterans Cemetery Garrison Forrest 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

FOR

- STATE

(TYPE OR PRINT)

3 SEX

1. DECEASED NAME

REGISTRAR

Male

To. BIRTHPLACE ISTATE OF FOREIGN

Marvland ID. CITY OF TOWN OF DEATH

BALTIMORE

Maryland

FIRST

Frank

(YES NO OR UNKNOWN)

14 FATHER'S NAME

Yes

CERTIFICATION

CAL

MEDI

marked

\* id be deta the State

MPORTANT

13a STATE

FIRST

136 COUNTY

16g. WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gave rise to immediate cause (a), stating

underlying cause

19n DATE OF OPERATION

21d\_INJURY OCCURRED

23a BURIAL, CREMATION, REMOVAL

(SPECIEY) Burial

24 FUNERAL DIRECTOR

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

MIDDLE

Ε.

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (0

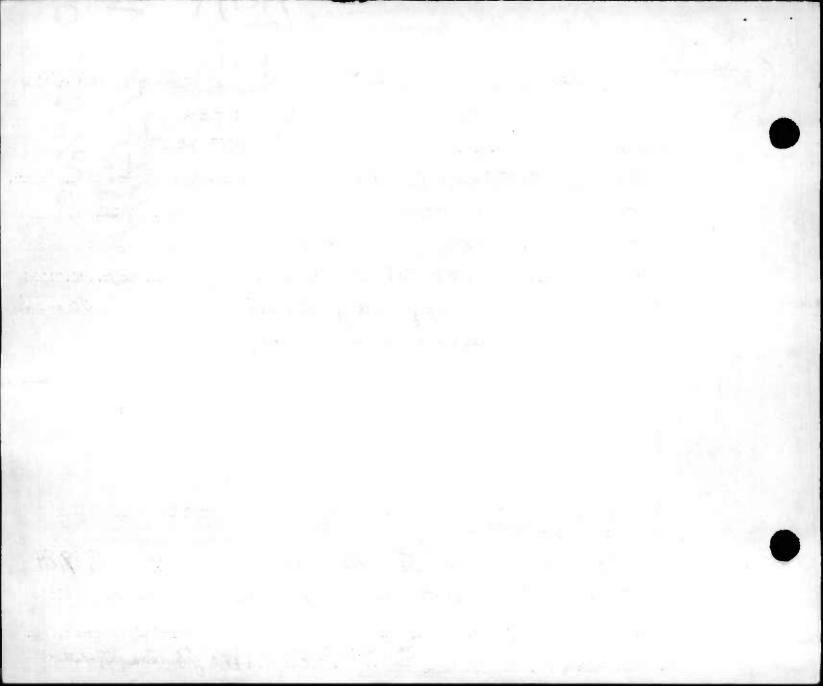
WWII

4. RACE

PAUL

350€ prior Нув 00

DHMH - 16 50M 4/83 (VRA 15, 4)



ATTENDING PHYSICIAN: The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physicion.

7

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moy be

within 24 hours ofte

#### STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	1	3	long	13
Con	8			5

	REGISTRAR				REG. N				
	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH		YEAR	26 HOUR	
{TYPE	E OR PRINT) THOM	S W.	WIL	SON JR.	AUGUST 3	,1984		8:50	
3 SE		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 H	
1	Male	black	MONT 2		72	YRS	THS DATS	HOURS	
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	VTRY? 8	ED NEVER MARRIED	9. BALTIMORE CITY		DEATH		
	Md Md	USA	WIDOW		BALTIMOR	E CITY			
10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME		12a. USUAL OCCUPAT		126. KIND O	F BUSINESS	
	BALTIMORE	THE JOHNS	HOPKIN	S HOSPITAL	(TYPE OF WORK FOR MOST C	OF WORKING LIFE)	INDUSTRE		
USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION		13e. STREET ADDRESS	21213			
130. 3	Md		imore	YES NO		Broadw			
14. F.A	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME				
	Thomas	W. Wil	son Sr	Lottie	MIDDLE		Ha	_	
	WAS DECEASED EVER IN U.S. AI	MED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDR	ESS	110		
[ '	YES, YOR UNKNOWN) (IF YES, GI	115-0	3-0350	Nell Paylo	r 1825 N.	Broad	wav		
	IN CAUSE OF DEATH (Enter o					Drodd		MATE INTERVAL	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		NO TIME	PNEUMO	nin		GETWEEN	SINGET AND DE	
	IMMEDIA	TE CAUSE (a)							
	DUE TO, OR AS A CONSEQUENCE OF								
		DOE TO, OK AS A COIN.	01.001						
10	Conditions, if any, which	(b)	0.401.101.07						
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	gove rise to immediate	(b)							
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF	T NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 100		
NO	gove rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONS	SEQUENCE OF	^		DITION GIVEN	IN PART 110		
ATION	gove rise to immediate couse to stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  Chronic	DUE TO, OR AS A CONS	SEQUENCE OF  G TO DEATH BUT	ine Disec	AINAL DISEASE OR CON	DITION GIVEN			
IFICATION	gove rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING  C by the ct	SEQUENCE OF  G TO DEATH BUT	ine Disec	200 AUTOPSY?	206. IF YES, W	VERE FINDIN	OF DEATH?	
ERTIFICATION	gove rise to immediate couse to stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  Chronica  190 DATE OF OPERATION	DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING  CONDITION FOR W	SEQUENCE OF  G TO DEATH BUT	DISECTION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WIN CERTIFYIN	VERE FINDING CAUSES	GS USED	
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DHMH - 16 50M 4/82 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled i should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be

retained by the hospital or attending physician.

#### STATE OF MARYLAND

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

REG.	NO.	8	127	184	
DEATH	110	NITM	DAY	VE	ij

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3	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	8/27/84
	ECEASED NAME FIRST	MIDDIE	LAST	20 DATE OF DEATH MON	TH DAY YEAR 26 HOUR
1117	LOUIS	26	WINDER	8	27 84 11 PM
3. SE	EX	4 RACE	S. DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY	Y) IF UNDER LYEAR IF UNDER 24 HRS
	temale	black	11 29 29	55	YRS.
70 E	BIRTHPLACE   STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	BALTIMORE CITY OR CO	OUNTY OF DEATH
7	usa	usa	WIDOWED DIVORCED	C17 4	MD.
12 10	Bultmore	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION FADDRESS COSPILLAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST	12b. KIND OF BUSINESS OR INDUSTRY
35 730	UAL RESIDENCE 1# NURSING HOME OR STATE 13b. COON		YES NO [	13e.STREET ADDRESS / ZIF	COMENSON SON
29	FATHER'S NAME FIRST	Mr. Wind	15 MOTHER'S MAIDEN NA	We Middle	Coultourn
	WAS DECTASED EVER IN U.S. ARI	MED FORCES? 166. SOCIAL SECTION (1997) 16. S	7-1711 EDILLA D	Lusen Be	44 Edger ood PR
	PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), ai D BY: E CAUSE (a)	proton fail	in .	BETWEEN ONSET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A CONSEQU	Ince of state Os	Herma San	J/83
	gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF Sav Co	me	3/83
NO.			DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITK	ON GIVEN IN PART I a
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED		6. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
6	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D		RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART T OR PART 2)
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		ottended the deceased from.  19 1) view the body after death.	0/	death occurred on the date of	ond hour and from the causes stated
3	22b. SIGNATURE	Inllin	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	224. DATE SIGNED
	BRUCE S-	GILLIES	MO 22e ADDRESS	rnai Horpa	tal
230	BURIAL, CREMATION, REMOVAL	23h DATE 231 S	NAME OF CEMETERY OF CREMATORY	23d LOCATION CITY OR TOWN WAUNE L	SUSSEX DEL
24 1	JOELEY Mem	orial Chapel	- Shisbury s	EP 1 3 1984	REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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executed within 24 hours after death. Page

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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

**DHMH - 17** 

(VR A15 ME (5)) 20M 4/82

REG. NO

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN K DECEASED NAME 26 HOUR 31 1084 24 HOUR 5:47 184 1. BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS Clothing Manufacturing NOX 4311 Wilkens Avenue Apt D 21229 Purcel1 21701 7118 Rock Creek Dr. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES NO X 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE COUNTY 9 - 1 - 84111 Penn St., Balto., Md. 21201 Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

STATE OF MARYLAND

ST., BALTIMORE, MD. 21201	OURS AFTER DEATH, IF ANY DELAY IS NED 118. GIVE PAGES 1, 2, AND 3 TO THE FUNE 5. WITH FORM PAM 3. REFAIN PAGE 5. FO WIT. PAGES 1 AND 2 SHOULD BE FILED, WITH 1E, DIVISION OF VITAL RECORDS, 201 WITH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEED EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FINE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM MA 3. RETAIN PAGE 5. HO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND 2 SHOULD BE FILED, WITH STAFF DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 WHE BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
	TO MEDICAL EXECUTE THE PAGE 4 SHOI TO FUNERAL AFTER DEATH BALTIMORE, A

BP **DHMH - 17** (VR A15 ME (5)) 20M 4/82

FOR

- STATE

(TYPE OR PRINT)

70 BIRTHPLACE

ID CITY OR TOWN OF DEATH

Baltimore

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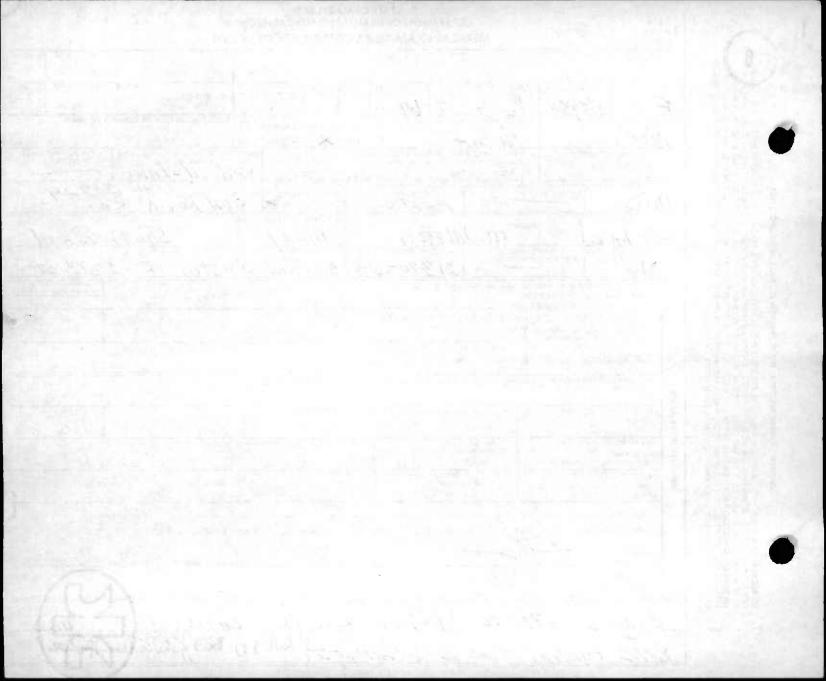
REGISTRAR L DECEASED NAME

Lucille

4 RACE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN MONTH 26 HOUR ESTI-DEATH MATED 8/7/84 19 Winston DAY & AGE (IN YEARS | IF UNDER 1 YR. LIF UNDER 24 HRS. 5. DATE OF BIRTH DATE VEAR PRONOUNCED DEAD 8/7/84 19 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED X DIVORCED Baltimore City 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY University Hospital Shock Trauma USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? IS MOTHER'S MAIDEN NAME 17 INFORMANT MR: lon BETWEEN ONSET AND DEATH Multiple Injuries

13b. COUNTY 14. FATHER'S NAME FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES\_NO\_OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING driver of auto/ fixed object collision 8:16xx 8/7/849 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE STATE WHILE NOT WHILE Park Heights Ave.. Balto. Co. Md. 22s I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 8/8/84 Assistarit MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Kauffman, M.D. ADDRESS 111 COUNTY

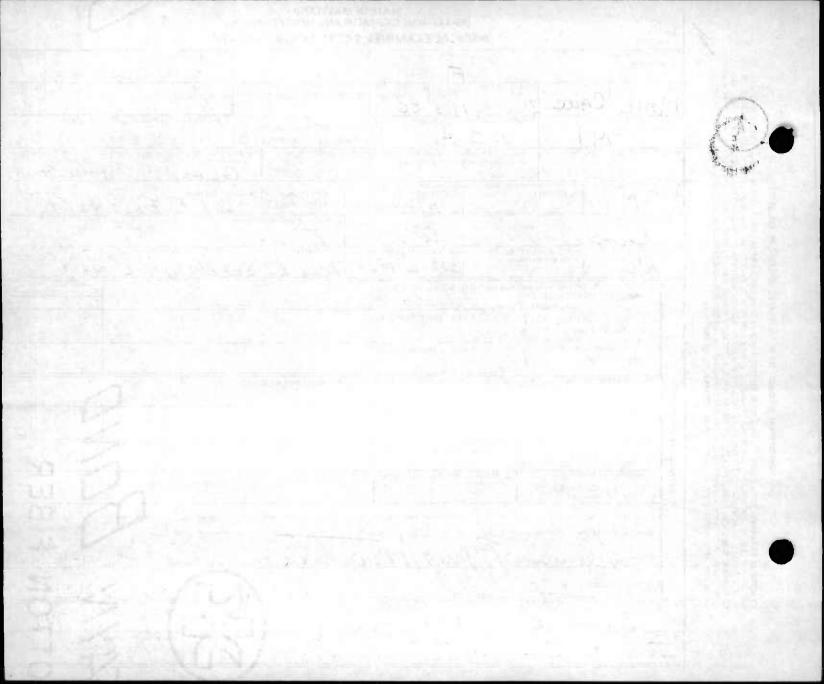


**DHMH - 17** (VR A15 ME (5)) 20M 4/82

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG	NO	

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		REGISTRAR CEASED NAME	FIRST	7412	MIDDLE	AMILIA		AST	CAIL	OI DE	KEC	NO.	DAY YE	AR 2b HOUR
		E OR PRINT)									20. DATE KNOW! OF ESTI-	2026	DAI 16	ZE HOOK
			John		F.			lise			DEATH MATED	8-	13 19 8	
	3. SEX		4. RACE	5 DATE OF BIRTH	YEAR 6. A	AGE IN YEAR	RS IF UNI		IF UNDE	R 24 HRS.	2c. DATE PRONOUNCED	MONTH	DAY Y	8:17
	M	Ale	CAUC.	Der. 9	1903 8	30 YR	MONTH	DAYS	HOURS	MIN.	DEAD	8-	13 198	34 a. M
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15	FOI	REIGN COUNTRY)	ma	11.5	A			D NE			Dolling	- Ci t		
4	10.01	TY OR TOWN	10	V-1-3	./1.	10.110.115	WIDOWE		DIVOR		Baltimo:		12b. KIND OI	MD.
9	10. CT	IT OR TOWN	OF DEATH	11. NAME OF HOS	CILITY, GIVE STREET		OR OTHE	KINSTILU	TION	FOR	MOST OF WORKING LIFE	(TYPE OF WORK	OR INDI	
1	150	Baltim	ore	Francis	Scott K	Key Me	edica	1 Cer	nter	(	SURRU	25	HMER	STAND.
			UF IN NURSING HOME OR				N) t			l				21224
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$\sim$	14 5 4	71/57/5		THE STREET	10AI	7//40	7,2				60/20	FAYE	MC	77.
	14. FA	THER'S NAME	1	WIDDLE	LAST	1 .		IS. MOTHE	JRST MAIL	DEN NAME	WIDDLE		LAST	
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		VAS DECEASEL		ED FORCES?	16b. SOCIAL			17 INFORA	THAN		ADDI	RESS 36	.07E	Forette
	(16	NO	(IF TES, GIVE W	AR OR DATES)	273-	10-15	99	Me	1.5	Lizn	6-41 /a	1150	2/224	1 7 410
		LIL CAUSE O	F DEATH (Enter anly	ann anns marlins	(han /n) /h) ==	1/->>		7-77-9	-~	12N		700	I APPROXI	MATE INTERVAL
	Mari	PARTIDE	ATH WAS CAUSED	BY: 73	tar (a), (b), an	10 (c).)	-ia 0	م د المحمد ا			Diagona		BETWEEN O	INSET AND DEATH
			IMMEDIATE	BY: CAUSE (a) Ar				arurc	vasc	ular	Disease			
				DUE TO, OR	AS A CONSEC	QUENCE O	F							
			is, il any, which to immediate	(b)									1133	
		cause (a)	stating the under-	< ()	AS A CONSEC	QUENCE O	F							
		lying cau	se last.										111111111111111111111111111111111111111	
		DART 2 OTHER CH	CHICKART CONDITIONS CO	(c)	BUT NOT BELLITO		nat micrace							
	7	PART 2 UTHER SH	GNIFICANT CONDITIONS C						N GIVEN IN P	PART I (g):				
	0				rkinsor									
-	A	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHI	ICH OPERA	ATION WA	AS PERFOR	MED?				20 AUTO	PSY?
1	F												YES [	XXON [
	CERTIFICATION	21a. EXTERNA	L CAUSE WAS	216 TIME O			21c HO	W INJURY	OCCURR	RED LENTER	NATURE OF INJURY IN ITE	M 16 PART 1 OR PAI		7634
3		UNDERLYING			MONTH DA	YEAR								
	MEDICAL		NG CAUSE OF D			19	10000	111011						
	G .	21d INJURY C			OF INJURY (A	IT HOME,	211. LOC	REET			CITY OR TOWN	COL	YINU	STATE
	~	AT WORK	NOT WHILE				113							
	779		V.L						. 50					
	113	220 I certil	y that I toak charge	5	scribed abave,	held an	Autops	у Ц.	Inspecti	on L.	InquiryXX.	and in my ap	inian	
	15	death resulte	ed from Natura	d couses XX	Mident	, / Suit	ride,	Homic	ide.	Unde	termined manner			
		Sharry 7	XD	1187	4. 4	100	5	TITLE (S	PECIFY)					
		SIGNATURE	lleun	N Su	must	11/11	HOM	D Assi	istan	it MED	DICAL EXAMINER	DATE	8-1	13-84
2		Company of the Compan		0,0	//	-					TOTAL EXPONENTER	310112		
-	-	EXAMINER'S		nis F. Sm	vth. M.	D.	-	DDDESS ]	111 P	enn S	St., Balt	o. Md.	2120	01
-	22.00	TYPE OR PRIN									OCATION	,		
	230.Bl	PECIFY)	TION; REMOVAL 23	_	23c. NAN	AE OF CEM		CREMATO		736 LC	OR TOWN	COUN	114	MYEA
3		Di	CRIM 1	3-16-8	4174	1771		5/Au		L	)A140.			Ma
	24 FL	UNERAL DIREC	TOR	ADDRESS	-	263	5, :	21224	250. DATE	REC'D. B	Y REGISTRAR 256	REGISTRAR'S 6	GNATURE	
	_	105cph	NILA	NUN	SJR.	Conk	ling.	St. 1	116 1	5 19	34 gunul	לייים גנוניים בייו	Lathrance	700



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TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and campleter tilling in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonapaers. Pages 1 and 2 though by find within 72 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medical

IMPORTANT: If them 21 is morked or them 18 shows ony

24 FUNERAL DIRECT Dippel Funeral Homes, Inc. ADDRESS

# STATE OF MARYLAND

1-	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	D.				
	CEASED NAME OR PRINT)	Bar	bara	M	W	0/7		8	21	VEAR	7-	15 PN
3. SE)		4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER	DAYS	IF UNDER HOURS	MIN.
Fe	male T	1	White 6	0	July	16,°1900′	84	YRS.				
	RTHPLACE (STATE OF F	FOREIGN 71	CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED XX	9. BALTIMORE CITY O	RCOUNT	Y OF DE	ATH		
	laryland		USA		WIDOWE		Baltimore	e Cit	У,		1174	MD
	TY OR TOWN OF DEA Baltimore	ATH 1	(IF NOT IN SUC	H FACILITY, GIVE S	TREET ADDRESS)	Med. Cntr.	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Seamstres	F WORKING L	FE) IND	USTRY	f BUSINE hing	
130 5	AL RESIDENCE (IF NURS ITATE laryland	13b COUNT		GIVE RESIDENCE B 136. CITY OR Balti	TOWN	13d. INSIDE CITY LIMITS? YES (X) NO []	13e STREET ADDRESS /	zip coo	Balt tree	imor t 2	e.Mo 2123:	d . 1
_	THER'S NAME		DDIE	LAST		15. MOTHER'S MAIDEN NA				LAS		
	John	MI	OULE	Wolf		Kunigund		+		LAS-		
	VAS DECEASED EVER				SECURITY NO.	17. INFORMANT	ADDRE	ss Ba I	timo	re,	Md.	
(,	ES, NO POWINKNOWN)	(IF YES, GIVE V	WAR OR DATES)	215-03	-0022	Marie Wolf 1	28 S. Wolfe	Stre	et	212	31	
CERTIFICATION	Conditions, if ony, gove rise to immrcouse (o), stotin underlying couse  PART 2 OTHER SIGN 19a DATE OF OPERA	mediate ng the lost.	(b)		EQUENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	28a AUTOPSY?	206. IF YE	ES, WERE	FINDIN	IGS USEI	TH?
ERT	21s. ACCIDENT WAS UNI	DERLYING	21b. TIME O	F INJURY		21c. HOW INJURY OCCUR	YES NO XX		ES	PART 21	NO [	
	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH			(Citizanianianianianianianianianianianianiania					
MEDICAL	21d. IN JURY OCCURI	RED	P. 21e. PLACE (AT HOME, STE		FICE, FARM, ETC )	211. LOCATION STREET	CITY OR TO	wn	COU	INTY		STATE
	220 1 certify that (I) saw the decease above (I) we)		49.1	/	19_82/,01	nd that in (my) our) opinion	death occurred on the de	771 ate and ho				
	226. SIGNATURE	1201	er	my		ATTENDING PHYSICIAN	MEDICAL STAI		220	8/	SIGNED	4
	THE PHYSICIAN SWI	Joh	n Jo	RCE	MO	Francis Sc	otl Key Me	d le	nter	E	Patt.	MI
	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	234. LOCATION CHYOR TOWN		COUNT	Y		STATE
	Bui	rial	Aug 25	.84	Holy Red	deemer Cem.	Baltimou	re. M	d			-

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

7110 Belair Baltimore, Md.

ROSE 250 DATE REC'D BY REGISTRAR 250 MEGISTRAR'S SIGNATURE

AUG 2 3 1984

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FOR - STATE

**DHMH - 17** 

(VR A15 ME (5)) 20M 4/B2

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO

A

NO X

STATE

wha way doon fandall

limita. comeical iciolata Il labora 1997 distribuida direcand campletely filled in by the funeral director, poaces I and 2 should be filed within 72 hours after

DEPAR

MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE				
CERTIFICATE OF DEATH	REG. N	10.			
LAST	20 DATE OF DEATH	MONTH	DAY	YE AR	Т

C

FOR STATE REGISTRAR			DEPAR		EALTH AND A		IENE REG. N	40.				
1. DECEASED NAME	FIRST		MIDDLE	i.	AST		20 DATE OF DEATH	MONTH	DAY	YE AR	26 HOL	JR
(TYPE OR PRINT)	Paul	L V	/illiam	Wo	olfe			8	26	84	6:5	504
3. SEX		4. RACE		5 DATE C			6. AGE LIN YEARS LAST B		-	DER I YEAR	IF UNDER	24 HRS
M		W		MONTH	13	80°	76	YRS			HOURS	AN INI.
Maryland	OR FOREIGN	76 CITIZEN OF U.S	.A.	MARRIEI WIDOWE	D NEVER A	ARRIED O	Baltim Baltim			EATH		MD.
10 CITY OR TOWN OF Baltimore		St.	HOSPITAL, NURS HEACHITY, GIVE STRI Agnes Ho	eet address) ospital		TUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Laborer		LIFE) IN	KIND O DUSTRY		ess or City
USUAL RESIDENCE (#) 130 STATE Maryland	13b COUN		Baltime	NWO	13d. INSIDE CI YES 🔀		13e STREET ADDRESS 1824 W. D	/ zip co over	Stre	eet	2122	23
14 FATHER'S NAME FIRST Leona	rd	MIDDLE	Wolfe		Jer	nnie	WIDDIE			Wh	itby	7
160 WAS DECEASED EN		MED FORCES?	166 SOCIAL SE	CURITY NO.	17, INFORMA		ADDR					
NO			214-03	-6410	Charle	s B. M	lcClain 918	Brur	nswic	ck St	. 21	.223
18. CAUSE OF DE PART I. DEATI	WAS CAUSE	D BY: E CAUSE (a)	Acu	TE M	YOCAN					APPROXI BETWEEN C	MATE INTE ONSET AND	RVAL I DEATH
PART 2 OTHER S	immediate ating the use last	(c)	R AS A CONSEC	DUENCE OF			PISEA INAL DISEASE OR COM			IPART lec	1	
190 DATE OF OPE	RATION	19b. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b IF Y	YES, WER TIFYING YES [	CAUSES	OF DEAT	TH?
	CAUSE OF DEA	The state of the s	M. MONTH	DAY YEAR	21c HOW IN	IURY OCCURE	RED (ENTER NATURE OF IN)	URY IN ITEM I	8 PARTIO	R PART 2)		
OR CONTRIBUTING  (IF EITHER NOTIFY)  21d INJURY OCC  WHITE NO AL WORK A	URRED	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFIC	E. FARM ETC )	211 LOCATIO STREET	N	CITY OR T	OWN	C	OUNTY		STATE
228   certify that saw the dec abave #11 (w 22b SIGNATURE	eased alive an		6 19	14. or	25 nd that in (py)	our) opinian	, to death accurred an the o	date and h		/		
od	hop	ken	ua Cl	rque	17355		MEDICAL STA	AFF ICIAN 🗌	ľ	872	6/3	9
A - K	. CHO	PRA			22e ADDRESS	Agnes		Balto	Dee N	/d. 2	1229	)
23a BURIAL, CREMATIC		23b. DATE			EMETERY OR C		23d. LOCATION CITY OF TOWN		ÇQU	NIY		STATE
Buri		8/30/	84	Crest I	awn Cer		Marriott					
24 FUNERAL DIRECTOR		ome In	ADDRESS	5	1229	25a. DAT	G 2 9 1984	R 25b. REG	200	SIGNAT	0 .	22.

Hubbard Funeral Home, Inc. 4107 Wilkens Ave

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

IO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Hem 21 is marked at Item 18 shaws any injury, at other traumatic event, the

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE.

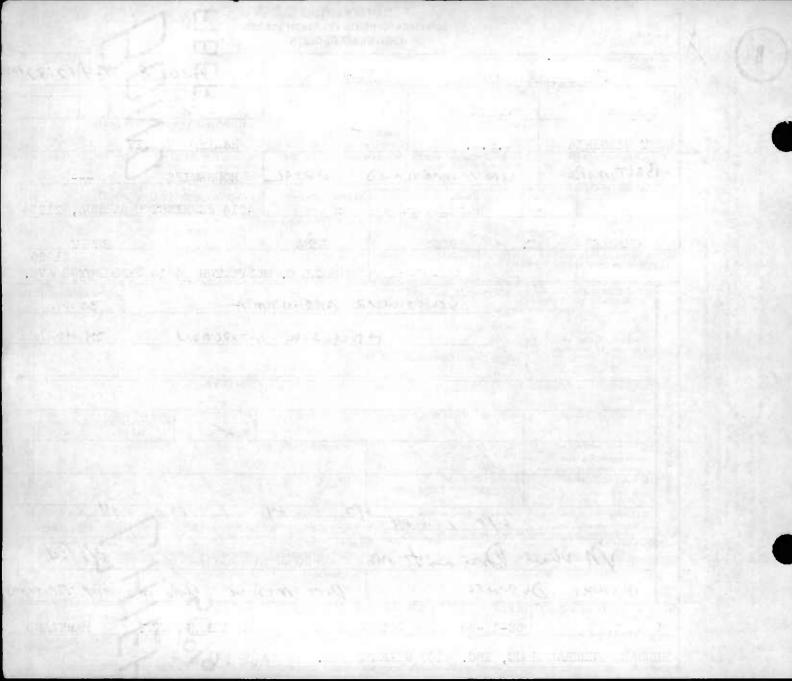
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		CEASED NAME	FIRST		MIDDLE		1AS1	20. DATE OF DEATH	MONTH (	DAY YEAR	25 HOUR
	(1)46		SIELLE	EN SID	ONIA	WOL	VERTON	Au	6.8	1924	12:35
	3. SE)	(	4.	. RACE		5. DATE (	OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		FEMALE	79.00	WHIT	Έ	10	15 15	- 68	YRS.	NOTIFIED DATE	NOUKS MIN
2		RTHPLACE   STATE OR	FOREIGN 7	L CITIZEN OF	WHAT COUNTRY	? 8. MADDIE	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
87		ST VIRGINI	[A	U.S.	Α.	WIDOW		BALTIMO	RE CIT	Y	N
38		BALTIMAL		(IF NOT IN SUC	HOSPITAL, NURS CHEACILITY, GIVE STREE V. MAR	ET ADDRESS)	OR OTHER INSTITUTION	17g USUAL OCCUPAT (TYPE OF WORK FOR MOST) HOUSEW I	OF WORKING LIFE		BUSINESSO
26	13a. S	AL RESIDENCE (# NUR.	13b. COUNT	THER INSTITUTION,	GIVE RESIDENCE BEFO	ORE ADMISSION)	134. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		0100
		ARYLAND THER'S NAME			BALTIMO	)RE-	YES X NO	4014 PENN	INGTON	AVENUE	, 2122
	14. FA	FIRST	MI	IDDLE	LAST		FIRST	MIDDLE		LAST	
90		CHARLES	]	Γ.	ROSS		LENA	ADDR	ore c	SENF	
,		VAS DECEASED EVER (ES, NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SEC		17. INFORMANT				21226
1		NO			567-01	L-0436	DARRELL C.	WOLVERTON	4014 P	ENNINGT	
		18 CAUSE OF DEAT	H (Enter only	one couse per				TOYAL IN		BETWEEN	NATE INTERVAL INSET AND DEATH
		PART I. DE ATH V	IMMEDIATE		VENT	RICUL	AR ARRHUD	MIA		30	min
		Conditions, if any		DUE 10, 0	R AS A CONSEQ	UENCE OF	LYOCARDIM	INFARCTOR	)	24	10425
		gove rise to im- couse (a), statu underlying couse	mediate ng the lost.	(b)	r as a conseo	UENCE OF	T NOT RELATED TO THE TER			24 EN IN PART 110	
	IFICATION	gove rise to im- couse (a), statu underlying couse	mediate ng the e lost. NIFICANT CC	DUE TO, O	OR AS A CONSEO	UENCE OF		MINAL DISEASE OR CON	206. IF YES	S, WERE FINDIN	GS USED OF DEATH?
	ERTIFICATION	gove rise to im couse (a), stotu underlying couse PART 2 OTHER SIG	mediate ing the lost. NIFICANT CO	(c)	ONTRIBUTING TO	DEATH BUT	T NOT RELATED TO THE TERM  ON WAS PERFORMED  1216. HOW INJURY OCCUR	MINAL DISEASE OR CON  200. AUTOPSY?  YES NO	20b. IF YES IN CERTIF YES	S, WERE FINDIN YING CAUSES S	GS USED
19	AL CERTIFICATION	gove rise to im couse (0), stotii underlying couse PART 2 OTHER SIG  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING	mediate ng the e lost.  NIFICANT CO	DUE TO, O  (c)  DINDITIONS CO  196 COND  196 COND  H HOUR A.	ONTRIBUTING TO	DEATH BUT	T NOT RELATED TO THE TERM  ON WAS PERFORMED  1216. HOW INJURY OCCUR	MINAL DISEASE OR CON  200. AUTOPSY?  YES NO	20b. IF YES IN CERTIF YES	S, WERE FINDIN YING CAUSES S	GS USED OF DEATH?
1-9	MEDICAL CERTIFICATION	gove rise to im couse (0), stotii underlying couse PART 2 OTHER SIG	mediate mg the lost.  NIFICANT CC  TION  DERLYING CAUSE OF DEATH (SCAL EXAMINER)  RED	DUE TO, O  (c)  DIDITIONS CO  196 COND  216 TIME CO HOUR A.  P.  21e PLACE	ONTRIBUTING TO	DEATH BUT	T NOT RELATED TO THE TERM  ON WAS PERFORMED  1216. HOW INJURY OCCUR	MINAL DISEASE OR CON  200. AUTOPSY?  YES NO	70b. IF YES IN CERTIF YES	S, WERE FINDIN YING CAUSES S	GS USED OF DEATH?
7		gove rise to im couse (D), stotiu underlying couse  PART 2 OTHER SIG  19a DATE OF OPERA  21a ACCIDENT WAS UN OR CONTRIBUTING [IF FITHER NOTHY MED 21d (N JURY OCCUR WHIE NOT WAT WORK NOT WAT WORK NOT WAT 272a.1 certify that (I	mediate mg the e lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEATH INCAL EXAMINER)  RED  HILE CONTROL  (this hospital ed alive on ed alive on ed alive on ed)	DUE TO, O  (c)  196 COND  196 COND  216. TIME C HOUR A. P. 21e. PLACE (AT HOME STI	ONTRIBUTING TO  ONTRIBUTING TO  OTHER WHICH  OF INJURY  M. MONTH  M.  OF INJURY  REET, FACTORY, OFFICE  The deceased from	UENCE OF  DEATH BUT  TH OPERATION  DAY YEAR  19	ON WAS PERFORMED  716. HOW INJURY OCCUP	MINAL DISEASE OR CON  200. AUTOPSY?  YES NO RED (ENTER NATURE OF INJI  CITY OR TO	70b. IF YES IN CERTIF YE!	S, WERE FINDING CAUSES S ART T OR PART 2) COUNTY	GS USED OF DEATH? NO  STATE
1		gove rise to im couse (1), stotic underlying couse (2), stotic underlying couse (2), and (2) a	mediate mg the e lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEATH INCAL EXAMINER)  RED  HILE CONTROL  (this hospital ed alive on ed alive on ed alive on ed)	DUE TO, O  (c)  196 COND  196 COND  216. TIME C HOUR A. P. 21e. PLACE (AT HOME STI	ONTRIBUTING TO  ONTRIBUTING TO  OTHER WHICH  OF INJURY  M. MONTH  M.  OF INJURY  REET, FACTORY, OFFICE  The deceased from	UENCE OF  DEATH BUT  H OPERATIO  DAY YEAR  19	T NOT RELATED TO THE TERMON WAS PERFORMED  21c. HOW INJURY OCCUR  211 LOCATION  51REE1  21d that in (my) (aur) opinion  DEGREE  ATTENDING	MINAL DISEASE OR CON  200. AUTOPSY?  YES NO RED (ENTER NATURE OF INJI  CITY OR TO	20b. IF YES IN CERTIFY YES	S, WERE FINDING CAUSES S ART T OR PART 2) COUNTY	GS USED OF DEATH? NO  STATE
7		gove rise to im couse (a), stotic underlying couse PART 2 OTHER SIG	mediate mediat	DIDE TO, O  (c)  DIDITIONS CO  196 COND  196 COND  216. TIME C HOUR A. P. 21e. PLACE (AT HOME STILL view the body	ONTRIBUTING TO  IT ION FOR WHICE  OF INJURY M. MONTH M.  OF INJURY REET, FACTORY, OFFICE  The deceased from The deceased	UENCE OF  DEATH BUT  TH OPERATIO  DAY YEAR  19  E, FARM, ETC.)	T NOT RELATED TO THE TERMON WAS PERFORMED  716. HOW INJURY OCCUR  711. LOCATION STREET  711. LOCATION ON THE TERMON OP THE TERMO	200. AUTOPSY? YES NO RRED (ENTER NATURE OF INJI  CITY OR TO MEDICAL STA	20b. IF YES IN CERTIFY YES	COUNTY  19 - 1  22c. DATE:	GS USED OF DEATH? NO  STATE that (I) (we) is course stated
7	WEDICAL WEDICAL	gove rise to im couse (D), stotic underlying couse PART 2 OTHER SIG  19a. DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING (HE FITHER NOTHY MED 21d. (NJURY OCCUR WHILE NOTHY MED  27a.1 certify that (1 spw the decease obove, (1) (we) (1) 27b. SIGN ATURE	mediate mg the lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEATH ICALEXAMINER)  RED  HILE COMMENT HILE COMMEN	(b) DUE TO, O (c) CONDITIONS CO DIDITIONS CO 196 COND 216 TIME CO HOUR A. P. 21e PLACE (AT HOME STI	ONTRIBUTING TO  IT ION FOR WHICH  OF INJURY M. MONTH M.  OF INJURY REET, FACTORY, OFFICE  Total death.	DEATH BUILD DEATH BUILD DAY YEAR 19  E. FARM, ETC.)	T NOT RELATED TO THE TERMON WAS PERFORMED  716. HOW INJURY OCCUR  711. LOCATION STREET  711. LOCATION ON THE TERMON OP THE TERMO	AMEDICAL DIRECTOR DIR	20b. IF YES IN CERTIFYES  OWN  AFF  CIAN   OVI  OVI  OVI  OVI  OVI  OVI  OVI  OV	COUNTY  19 - 1  22c. DATE:	GS USED OF DEATH? NO  STATE that (I) (we) to

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the retained by the haspital or attending physician.



requires that the death

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

DHMH - 16 50M 4/82

(VRA 15, 4)

and completely filled in by the ages 1, and 2 should be filed w

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detacked for use as the burial-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	1-	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH		
		CEASED NAME FIRST	#IDDLE	Woo	dlev	REG. NO.  20 DATE OF DEATH MONTH	SOAN YEAR 26. HOUR
1	3. SE		1 RACE black	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
0 /A			76. CITIZEN OF WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUR Baltimore	NTY OF DEATH
37	10 C		11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET MERC	ADDRESS)		120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
and See	USU. 130. S	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO [	130 STREET ADDRESS 130 & Lanvale	21213
O O	(	harlie	MIDDLE DE DE		15. MOTHER'S MAIDEN NAM	MIDDLE	Woodley
medico		VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 239-12-3		Chart (Me)	ical tecord) M	ercy hospital
event, the		PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b) one DBY: E CAUSE (a) Probable	. //	ction (sepsis	)	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH  Y day 8
njury, ar ather traumatio	NO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE  (b) Debilitat  Due To, OR AS A CONSEQUE  (c) Massive  CONDITIONS CONTRIBUTING TO E	ence of Cere	Irovascular a		7 days 7 days GIVEN IN PART 110
2 Swa	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR		RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2}
morked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
v <sup>A</sup>	T	220 f certify that (1) (this hospit saw the deceased alive on abave, (1) (we) (did) (did no	tal ottended the deceased from	34 , or	d that in (my) (our) opinion	death occurred on the date and	hour and fram the causes stated
JT. If hem		226. SIGNATURE  Part D	· Carl		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED 8 /25/84
MPORTANT: If Item 2		Paul D. (	ardi Tardi	3	Mercy hos	pital Baltim	iore, MD
4	230. 1	Removal	23b DATE 8-31-8/1	ORT/	EMETERY OR CREMATORY	23d LOCATION CHYOR TOWN KI	Mount, N.C.
/82	24. F	ALVIN 5	SCRUGORES	学	restan SKUG		SISTRAR'S SIGNATURE Davidson-Randall

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	Kilging on Andrew Alberta 1		
	austria and		
	The second second		
NAME OF THE PARTY.		13.6	
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		100	Service Comments
and the same of th			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dires, should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL KYGIENE

2	-	REGISTRAR				CERTIF	CATE OF	HTAS	REG. NO.		
		CEASED NAME	FIRST		MIDDLE	L/	AST TOOL TO		20. DATE OF DEATH MONTH	DAY YEAR	1 HOUR 2
) [			DR.	GERSON	М.	W	OOLF		AUGUST 30, 1	_	XX PM
/	3 SE)	MALE		4 RACE WHIT	E	S. DATE O	a <sup>2</sup> 3	)YEAR	6 AGE (IN YEARS LAST BIRTHDAY)  7 ( YRS		HOURS MIN.
35	7a. Bil	RTHPLACE (STATE OR FI	OREIGN	76 CITIZEN OF V	WHAT COUNTRY	MARRIEI	NEVER	MARRIED -	9 BALTIMORE CITY OR COUN BALT IMORE		MD.
00		TY OR TOWN OF DEA BALTIMORE		2037 E	HOSPITAL, NURS THE FACILITY, GIVE STRE MONUME	ENT ST.	4300	NOTUTI	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK INC	S WEET 126. KIND	OF BUSINESS OR TOMETRY
35	13a. S	AL RESIDENCE (IF NURSI TARY LAND	13b. COUN		BALTIM		13d INSIDE C	NO L	13.3711 ADDRESS VZIRGO	LE LA.	21208
300	14. FA	THER'S NAME FIRST BARNET		MIDDLE	WOOLF		15. MOTHER	S MAIDEN NAM FIRST IDA	BIDDIM	MARGOLIS	NST
1		VAS DECEASED EVER (ES, NO OR UNKNOWN) NO	IN U.S. AR	MED FORCES? E WAR OR DATES)	577-07-		17 INFORM		HOWARD 1 WOOL	F	21209
			AS CAUSE IMMEDIAT	E CAUSE (0)	A CCC R AS A CONSEO	te M	400	erdea	In fascoco	APPROBETWEEN	XMATE INTERVAL NONSET AND DEATH
		Conditions, if ony, gove rise to imm couse (0), statin underlying couse	g the last.	(c)	RAS A CONSEQ Prior	my	an	leasu	yard + pulme		7 yr
	NOIL	PART 2 OTHER SIGN	hete	= mo	Mitis	. Ca	rotio	ste	uoses. PA	VD.	
2	CERTIFICATION	19a DATE OF OPERAT	ION	1% COND	ITION FOR WHIC	CH OPERATIO	WAS PERFO	RMED		YES, WERE FIND RTIFYING CAUSE YES []	
9		710. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A.	M, MONTH	DAY YEAR	21c HOW II	IJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURE	HE []	21e. PLACE (AT HOME STE	OF INJURY REET, EACTORY, OFFICE	E. FARM, ETC.)	211 LOCATI		CITY OR TOWN	COUNTY	STATE
		220.1 certify that (I)			e deceased from			_, 19			that (I) (we) last
		spw the decease above, (I) (we) (d	d olive on hd) (alid no	1-674	ofter death.		DEGREE	ATTENDING PHYSICIAN L	MEDICAL STAFF DIRECTOR   PHYSICIAN		E SIGNED 89
1		Allan	ME (TYPE O	Pris	toop.	MD	27e ADDRE	24 1	. Charles	SF.	2/2/8
		BURIAL, CREMATION, SPECHY) BURIAL	REMOVAL	SEPT.	2,1984	SHAARE	TFIL	OH OH	BALFIMORE	COUNTY M	ARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

retained by the hospital or attending physician

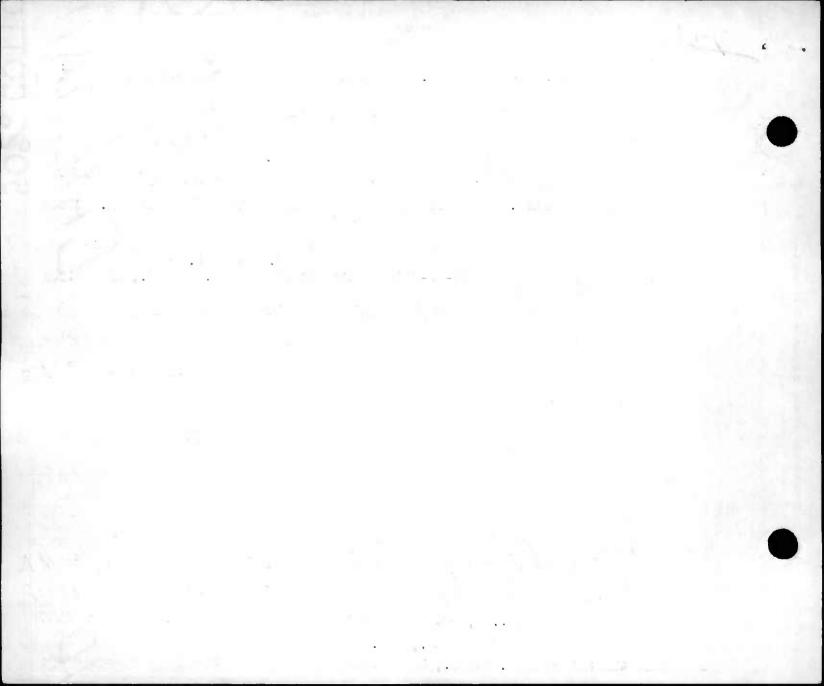
SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
SEP 7 1984 Julia Davidson-Rand

6010 REISTERSTOWN RD. BALTO., MD

21215

Julia Davidson-Randalle



attending physician

etained by the haspital

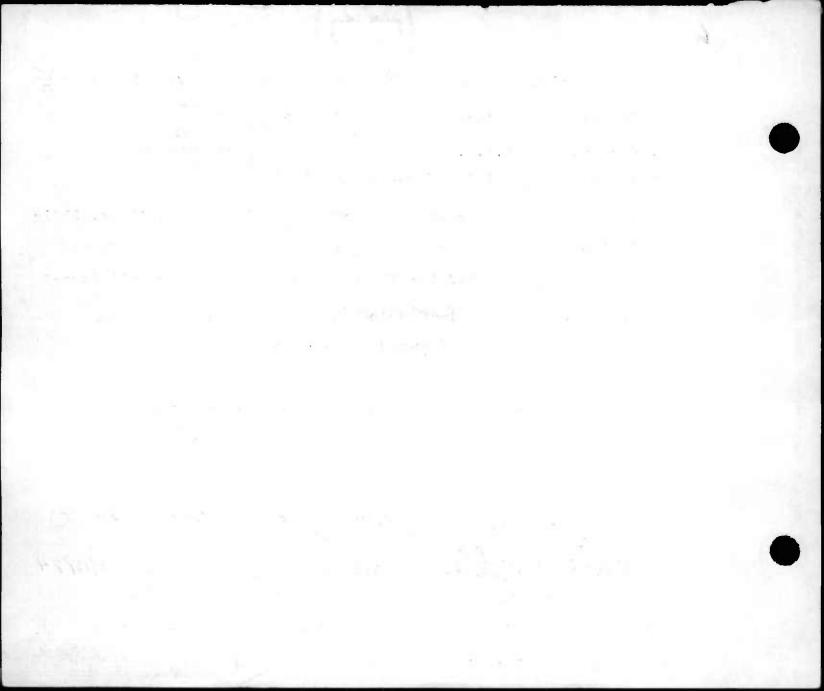
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remave carbonpapers: Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

## STATE OF MARYLAND

1.	FOR - STATE REGISTRAR	DEPAI		LTH AND MENTAL HYG ATE OF DEATH	REG. NO	
	PE OR PRINT)  MAGG	GIE A.	WORTH		2g DATE OF DEATH MONTH	1884 8-
3 SE	Female	4. RACE Black	5. DATE OF E	BIRTH YEAR 2 20	6. AGE (IN YEARS LAST BIRTHDAY)  6.3 YR	
N	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  N. Carolina  CITY OR TOWN OF DEATH	U.S.A.	WIDOWED [		Baltimore  Baltimore  170. USUAL OCCUPATION	City
4	Baltimore	(IF NOT IN SUCH FACILITY GIVE SH	emorial	Hospital	(TYPE OF WORK FOR MOST OF WORKIN	12b KIND OF BUSINES INDUSTRY
M	Maryland	OR OTHER INSTITUTION GIVE RESIDENCE BEI JUNTY 136. CITY OR TO Balt	imore	INSIDE CITY LIMITS?		ODE 211 St. 2121
0	FATHER'S NAME William	MIDDIE Hux		Mittie	ME MIDDLE ADDRESS	Jones
111	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		JAck Worth	nan 1423 Cars	swell Street
	Conditions, if any, which gave rise to immediate	(b)	pocandial	Aschemic .		
TIFICATION		CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTIONS CONTRIBUTION FOR WHI	HMRS	, congestiv	200 AUTOPSY?   20b IF	GIVEN IN PART TO  YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES \( \) NO \( \)
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN)  21d INJURY OCCURRED	CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CONDITION FOR WHI	DAY YEAR	Congestiv WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO NO
-3	Underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE AL WORK AL WORK  22a L certify that (1) Ulis has saw the expects alive a obove (1) Weil did (did for  22b SIGNATURE	CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CONTRIBUTION OF THE CONTRIBUTION	DAY YEAR  19  CE FARM, ETC.)  DEC.	WAS PERFORMED  TIC HOW INJURY OCCURION STREET  19 That ir my our opinion  GREE  ATTENDING PHYSICIAN	20a AUTOPSY? 20b. IF YES NOW RED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN  death accurred on the date and  MEDICAL STAFF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO 1 18 PART LORPART 2)  COUNTY STA  19 that I have have and from the couses state.
MEDICAL	PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF ETHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE AT WORK AT WORK  22a 1 certify that (1) This has say therefeed clive of obove (1) Well did (did of 22b SIGNATURE	CONDITIONS CONTRIBUTING TO THE PRINT OF INJURY HOUR A.M. MONTH P.M.  21b. PLACE OF INJURY (AT HOME STREET FACTORY, OFFINIT) THE A. Miller	DAY YEAR  19  CE FARM, EIC)  TO DECEMBER 19  T	WAS PERFORMED  TIC HOW INJURY OCCURION  THAT IT IN THE I	20a AUTOPSY? 20b. IF YES NOW RED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN  death accurred on the date and  MEDICAL STAFF	YES, WERE FINDINGS USED RIIFYING CAUSES OF DEATH YES NO   18 PART 1 OR PART 2)  COUNTY STA

DHMH - 16 50M 4/83 (VRA 15, 4)



### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE' CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO 2a. DATE OF DEATH MONTH DAY 76 HOUR I. DECEASED NAME (TYPE OF PRINT) Florence M. 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. 3. SEX MONTH YEAR Fernala aucasau 09 01 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY TO. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY U.S.A. Baltimore City Pennsylvania WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) Mercy Hospital Housewife Baltimore 21219 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? 13e. STREET ADDRESS 9127 Cuckold Point Road Baltimore Edgemere Maryland NO X 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Flynn Milda Dennis Cronin A. 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? Same as 13e 219-32-9087 John H. Wright No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardiac arrest this among IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF two weeks multiple organi Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost countrations CERTIFICATION 200 AUTOPSY 206. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

Obstruction

(AT HOME STREET FACTORY, OFFICE, FARM, ETC.)

HOUR A.M.

21e PLACE OF INJURY

716 TIME OF INJURY

MONTH DAY

NO

YES [ NO [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY STATE

Aug Ol 22a I certify that (I) (this hospital) attended the deceased from 84 sow the deceased alive on, , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death

211 LOCATION

226 SIGNATURE

236 DATE

8/3/1984

22e ADDRESS

MEDICAL STAFF PHYSICIAN | DIRECTOR | PHYSICIAN 22c. DATE SIGNED

27d PHYSICIAN'S NAME (TYPE OF PRINT)

71a. ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

23e BURIAL, CREMATION, REMOVAL

7922 Wise Avenue

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

23¢ NAME OF CEMETERY OR CREMATORY

DEGREE

Baltimore

CITY OF TOWN

COUNTY

Burial

FOR

24 FUNERAL DIRECTOR Duda-Ruck, Inc. ADDRESS

New Cathedral

25c. DATE REC'D

Maryland

DHMH - 16 50M 4/B2 (VRA 15, 4)

à

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should be deto

MPORTANT;

FUNERAL

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Dundalk, MD. 21222

MD

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A STATE OF THE STA			

FOR - STATE

DHMH - T7 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YEAR

2d HOUR

10:59

ам

18 19 84

18 19 84

OR INDUSTRY

LAST

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

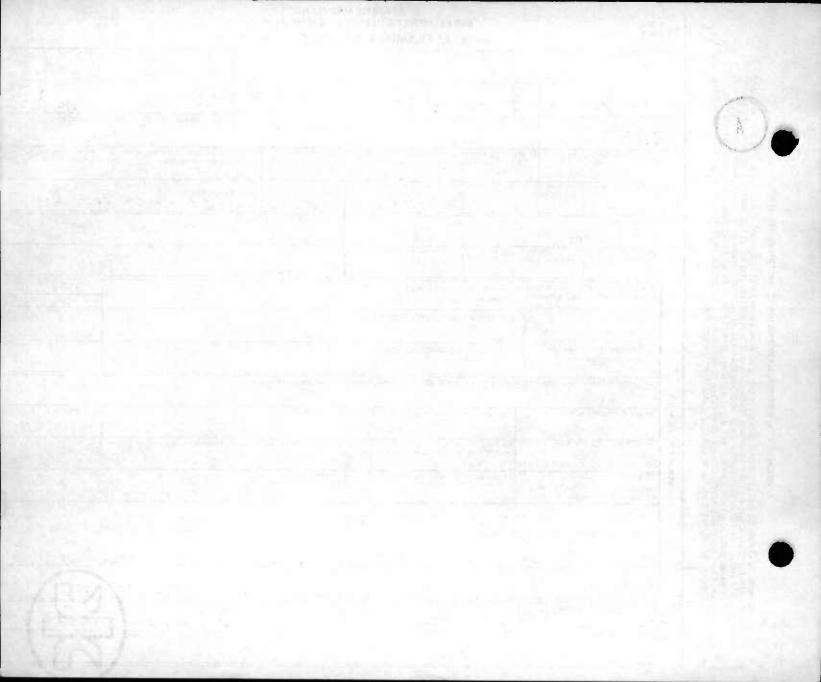
20. AUTOPSY?

COUNTY

KON

STATE

8/19/84



TO FUNE ALL DIFFCTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Deat, at Health and Mental Hygiene prior to buriol, cremation, or removal.

With the store that could not describe by the store burnol, cremotion, or removal.

MAGREANT: If the store and the store of the store o

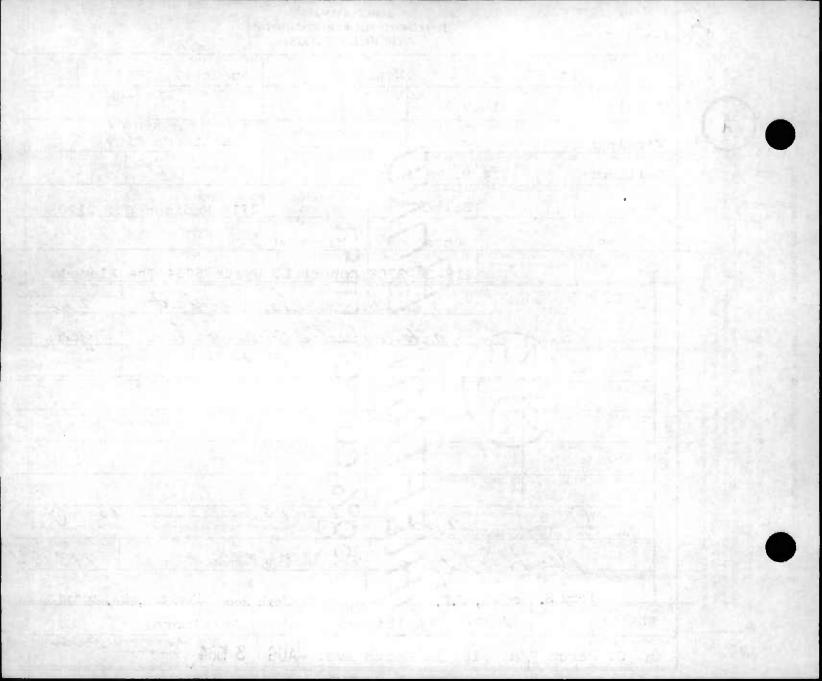
#### STATE OF MADVIAND DEPART

2	H	IE O	r m	WELL	AND		
MENT	OF	HEA	LTH	AND	MENT	AL HYGIENE	
CEI	RTI	FIC	ATE	OF	DEAT	Н	

1 -	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.		
	CEASED NAME	FIRST		WIDDLE		LAST		20. DATE OF DE	EATH MONTH	DAY YEAR	2b HOUR
(TYPE	OR PRINTI	rgare	et		Wyat	tt		Augus	st 2, 1	.984	M
3 SE	emale		4 RACE Bla	ck	5. DATE O	H DAY	yéar 95	6 AGE (IN YEAR		MONTHS DATE	IF UNDER 24 HRS. HOURS MIN.
(	RTHPLACE (STATE ORF	FOREIGN		WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER	MARRIED		city <u>or</u> coun		MD.
	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET E. Mad:			TITUTION	12a. USUAL OC (TYPE OF WORK FO	CUPATION OR MOST OF WORKING		OF BUSINESS OR
USU/ 13a. S <b>M</b>		13b COUN		Baltimo	N	13d INSIDE O	NO [	13e. STREET ADD		St. 2	1205
	Edmond		MIDDLE	Ross		Lu			MIDDLE	LA	st
(1	vas deceased ever yes, no or unknown) NO		MED FORCES?	166 SOCIAL SECU 218-28-		17. INFORMA		Wyatt	5934 T		
	18. CAUSE OF DEATH W PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), statin	(AS CAUSE IMMEDIAT , which nediote	D BY: TE CAUSE (o)  DUE TO, O  (b)	R AS A CONSEQUE	erel	clevot	ic ca	diova	dont.	AETWEEN C	lander interval Onsetano Death Langues Hars
CERTIFICATION	PART 2. OTHER SIGN	NIFICANT (	(c)		DEATH BUT		O TO THE TERM	INAL DISEASE C	Y? 20b. IF	GIVEN IN PART 1  YÉS, WERE FINDI RTIFYING CAUSE YES  YES	NGS USED
MEDICAL CER	71a. ACCIDENT WAS UND OR CONTRIBUTING CO	CAUSE OF DEA	P.,	M, MONTH DA	AY YEAR	1		RED (ENTER NATUR	E OF INJURY IN ITEM	18 PART I OR PART 2)	
MED	21d. INJURY OCCURE  WHILE NOT WH  AT WORK AT WOR	TILE	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATI STREE		C	ITY OR TOWN	COUNTY	STATE
	27s I certify that it tow the local above, 7th beet to 27th SIGNATURE	Mag	Thew the body	7 196	73 .	DEGREE	ATTENDING PHYSICIAN Z	death occurred o	STAFF	hour and from the	that (I) (we) lost counts stated
	Ma	rk S.	Kaplan			160	ols Vor		Monkton	, Md. 21	111
	BURI AL	REMOVAL	23b. DATE 8/8/8			nore C	Cemeter	4	imore,		Md .STATE
	m. C. Ma	rch	F/H 1	101 E.	Nort:	h Ave.	AUG	3 198	4 Suna	ISTRAR'S SIGNA	HALLEZ

BP. DHMH-16 30M 2/80 (VRA 15, 4)

retained by the homital or attending physician.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 hours attain the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

FOR - STATE

### DEPARTMENT OF I

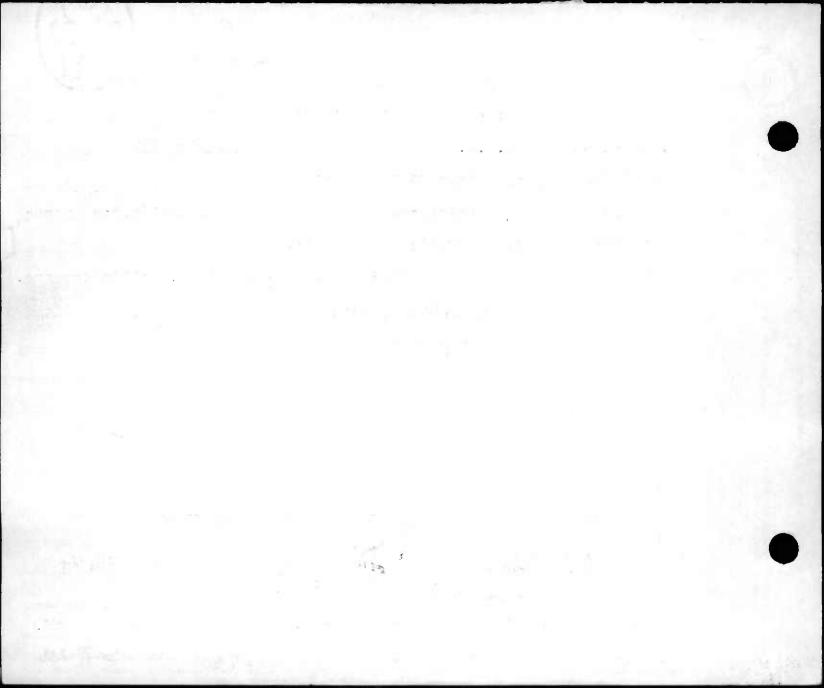
CERTIF

E OF MARTIAND	3
IEALTH AND MENTAL HYGIENE	6:-0
ICATE OF DEATH	REG NO

JOE N WYLE  3. SEX  4. RACE  5. DATE OF BIRTH  MONTH  DAY  YEAR  Male  black  1 14 27  57 YRS  MARRIED  NEVER M	Avenu
JOE N WYLIE 8 16 84  3. SEX  Male   S. DATE OF BIRTH   SAME   S. DATE OF BIRTH   SAME   SAGE (IN YEARS LAST BIRTHDAY)   BUNDER I YEAR   SAGE (IN YEARS LAST BIRTHDAY)   BUNDER I SAGE AND IN YEAR   SAGE (IN YEARS LAST BIRTHDAY)   BUNDER I YEAR   SAGE (IN YEARS LAST BIRTHDAY   SAGE (IN YEARS LAST BIRTHDAY)   BUNDER I YEAR   SAGE (IN YEARS LAST BIRTHDAY   BUNDER I YEAR   SAGE (IN YEARS LAST BIRTHDAY   SAGE (IN YEARS	F BUSINESS CO
Male    Black   14 27   57   VRS	F BUSINESS CO. Avenu
Male   black   1 14 27   57   VRS	FBUSINESS CO.
S. Carolina  U.S.A.   MARRIED   DEVERMARRIED   MORCED   BALTIMORE CITY      10 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   (19 NOT IN SUCH FACILITY, GIVE STREET ADDRESS)      12 USUAL OCCUPATION   (17 NOT ON ON INTERED TADDRESS)     13 USUAL OCCUPATION   (17 NOT ON ON INTERED TADDRESS)     13 USUAL OCCUPATION   (17 NOT ON ON INTERED TADDRESS)     13 USUAL RESIDENCE 19 NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION     13 USUAL RESIDENCE 19 NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION     13 USUAL RESIDENCE 19 NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION     13 USUAL RESIDENCE 19 NURSING HOME OR OTHER INSTITUTION   (17 NOT ON ON INTERES ADDRESS)     13 USUAL OCCUPATION   (17 NOT ON ON INTERES ADDRESS)     13 USUAL OCCUPATION   (17 NOT ON ON INTERES ADDRESS)     13 USUAL OCCUPATION   (17 NOT ON ON INTERES ADDRESS)     13 USUAL OCCUPATION   (17 NOT ON ON ON INTERES ADDRESS)   (18 USUAL OCCUPATION   (17 NOT ON	Avenu am
S. Carolina  U.S.A.   WIDOWED   DNORCED   BALTIMORE CITY  10. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   170 USUAL OCCUPATION   170 USUAL OCCUPA	Avenu am
10 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   126 USUAL OCCUPATION   1796 OF WORK FOR MOST OF WORKING LIFE   1726 X KIND OF INDUSTRY	Avenu am
BALTIMORE VAMC BALTIMORE, MD. 21218  USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN  Maryland  Baltimore  VES. X NO 1034 N. Collington  14. FATHER'S NAME FIRST  George  N. Wylie  Last  George  N. Wylie  Eunice  Curbe  166. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS  (YES, MOOGRUNKNOWN) YES, GIVE WAR OR DATES)  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00	Avenu am on Av
USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN  Maryland  Baltimore  YES X NO 1034 N. Collington  14. FATHER'S NAME FIRST  George N. Wylie  LAST  Wylie  Eunice  Curbe  166. WOSD DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) YES  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic.) PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF Gover rise to immediate couse lot, stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	Avenu am on Av
Maryland    Baltimore   YES	Avenu am on Av
15. MOTHER'S MAME FIRST GEORGE N. Wylie  160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, MO OR UNKNOWN) YES  160. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 217-22-5753 Eunice Wylie 1034 N. Collingt  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse 101, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00	am on Av
George N. Wylie Eunice Curbe  160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO.OR UNKNOWN) YES  110 SOCIAL SECURITY NO. 17 INFORMANT  ADDRESS  217-22-5753 Eunice Wylie 1034 N. Collingt  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic).  PART I. DEATH WAS CAUSED BY:  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse last  OUE TO, OR AS A CONSEQUENCE OF  Underlying cause last  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10	on Av
TIGO WAS DÉCEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN)  YES  166. SOCIAL SECURITY NO. 17 INFORMANT  ADDRESS  217-22-5753 Eunice Wylie 1034 N. Collingt  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ici.)  PART I. DEATH WAS CAUSED BY:  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0	on Av
PART I. DEATH (Enter only one couse per line for (o), (b), and (c).)  DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse loi, stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to	
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse lat, stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF  UNDERTOO OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I To	
PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause Ia), stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	ON SET AND DEAT
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse Io1, stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO	
Conditions, if any, which gave rise to immediate couse IoI, stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00	
gave rise to immediate cause last.  DUE TO, OR AS A CONSEQUENCE OF underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
Nyperensión	0
I 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 200. IF YES, WERE FINDIN IN CERTIFYING CAUSES	
YES NO VES W	NO [
210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
The source of the state of the	
216. INJURY OCCURRED 216. PLACE OF INJURY 211. LOCATION	
WHILE NOT WHILE OF THE STREET, FACTORY, OFFICE, FARM, ETC.)	STATE
AT WORK	ab-amp (aug)
226.1 certify that N (this hospital) attended the deceased from AUCUST 14, 19 84 to AUCUST 16, 19 84 to AUCUST 16 19 84 19 8	that X (we) I
obove, 11 we (did) (did 1151) view the body differ death.	
DEGREE DEGREE 222 DATE STAFF _ CTL	SIGNED
Allen Dulum MU PHYSICIAN DIRECTOR PHYSICIAN (1)	184
22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	-
Aller Solumon MO	
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	
130. BURIAL, CREMATION, REMOVAL 236. DATE 8/21/84   230. NAME OF CEMETERY OR CREMATORY   23d. LOCATION   CHINOR TOWN   WINGS MILLS, COUNTY   COUNTY   CHINOR TOWN   CHINOR	Mď.
236. BURIAL, CREMATION, REMOVAL 236. DATE 8/21/84   236. NAME OF CEMETERY OR CREMATORY OWINGS MILLS, COUNTY OWING MILLS, COUNTY OWINGS MILLS, COUNTY OWINGS MILLS, COUNTY OWING M	

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the haspital or attending physician



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

## 1 FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	PEC NO	REG. IVO.	 D. L. H.	115	
		DEC NO			
		4			

0

Selia Savidson Rando

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.		
1	1. DECEASED NAME FIRST	WIDDLE	U	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(TYPE OR PRINT) (DAM) T	Daniel T.	Wy	NN		8	884	м
	3 SEX	4 RACE	5 DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	MALE	13	3	15 09	75	YRS.	MOMINS DATS	MOOKS MIKE
	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Th CITIZEN OF WHAT COUNT	RY? 8	□ NEVER MARRIED □	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
Š	Virginia	U.S.A.	WIDOWE			ore C	itv.	MD.
		11. NAME OF HOSPITAL, NUI		R OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR
	ISALTO	Seton	T (	MANDI		SI WORKING EI	WE) MADOSTRI	
100	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BITY 136, CITY OR T		136. INSIDE CITY LIMITS?	13e. STREET ADDRESS		21	223
,	Maryland		imore	YES X NO	1010 W. I	avet		
	14 FATHER'S NAME	AIDDLE LAST		15. MOTHER'S MAIDEN N	AME		LAS	
	George	Wynn		Dora	MIDDLE .		Alst	
	160 WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIALS	ECURITY NO.	17. INFORMANT	ADDR	Manh	atton,	N.Y.
	YES		6-9108	Marie Lvo	ns 459 W.J	148 S	t. 100	31
	18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b)					BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED	E CAUSE (a)	To Muo	cardent 1	nfarction		10	un'
	9	DUE TO, OR AS A CONSE	CUIENCE OF					
	Conditions, if any, which	( 1b)	ASCU	D			E.	3411.
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OHENCE OF					Ψ.
	underlying couse last.	(c)	OULIVEE OF					
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COM	IDITION GI	VENIN PART 10	a)
	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	Diabetes.	Mille	tus - In	Sulen De	2 pen	dent	
1	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
	FILE				YES NO		ES 🗌	№ □
Ì	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18.	PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEA	P.M.	19					
	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	EICE EARM ETC 1	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORT, OFF	rice, rann, etc.,					
	22a.1 certify that (I) (this hospit	rol) attended the deceased fro	om	19.80	1 . to 8-8		, 19 54	that (1) (we) last
	sow the deceased alive on obove, (1) (we) (did) (did not	1) Riew the body ofter death	9_ K. , on	d that in (my) (our) opinio	n death accurred on the o	late and ha	ur and from the	causes stated
	226 SIGNATURE	1/ - 1		DEGREE		305	22c. DATE	SIGNED
ı	Hume T	un Zalan	-	ATTENDING PHYSICIAN	MEDICAL STA		8/8	184
Ī	224 PHYSICIAN'S NAME (TYPE OF	R PRINT]		22e ADDRESS	11	1 0	11	7
	JAIM	E PUNZA	TLAN	5214	Harted no	1 150	alto.v	4
	230. BURIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	BURIAL	8/13/84	Balto.	National		imore		Md.
	24 SUNEDAL DIRECTOR			25n D	ATE REC'D BY REGISTRAL		TRAP'S SIGNAT	TIPE

ADDRESS

DHMH - 16 50M 7/77 (VR A 15 (4))

Wm

March F/H Inc

BP.

retained by the hospital or attending physician.

TO HOSPITAL

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hour with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

[MPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner myst be notified at once.

To other

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the hospital or attending physician.

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumatic event, the

death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL BYGIENE

FOR  STATE REGISTRAR	DEPAR	RETMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST	WIDDLE	LAST	Ze DATE OF DEATH MONTH	DAY YEAR 26 HOUR P
(TYPE OR PRINT)	RNOLD	YOPPS	August 4	1984 11:30
3. SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	F UNDER 1 YEAR IF UNDER 24 HRS.
male	white	Aug. 20, 1906	77 YF	
TO BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
XORRIXO Md/	USA	WIDOWED XX DIVORCED	□   Baltimore	, City MD.
Baltimore	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION EET ADDRESS) ET Key Hosp.	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN HOrse Farm	
Md. Bal	or Other Institution, Give residence Ber DUNTY 13c. CITY OR TO Limore	YES NXX	8366 Kavan	oDE 21222 agh Rd.
14 FATHER'S NAME  FIRST	Not known	15. MOTHER'S MAIDEN	MIDDLE Unl	known
160 WAS DECEASED EVER IN U.S.  (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SE		ADDRESS 8	266 Kavanagh R
unk.	Yes	Helen Gi	inkengar Bal	
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEC	thero celeratic		
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
	DEATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM	LIG. PART I OR PART 2)
OR CONTRIBUTING CAUSE OF	71e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	21f. LOCATION STREET	CITY OR IOWN	COUNTY STATE
saw the deceased alive	on 6 30 19 not) view the body after death.	84, and that in (my) (aur) apir	ian death accurred an the date and	
27b. SIGNATURE	12. 5- Lee		G MEDICAL STAFF N DIRECTOR PHYSICIAN	8-6-8cd
HOA . S	. LEE	1 0 1	astern Blud	. 21221
230. BURIAL, CREMATION, REMOV		St. Paul Cem.	near Chester	
24 FUNDA DIRECTOR	Walla Che	stertown, MAUG	- 8 Julia Sur Gulia Saw	GISTRAR'S SIGNATURE

	4.1	Consultation of the second	-140	1
			Your outside	
Taundrala For each a				
en kampaki (188		maintal a		
nanggild A		EWOL TOA		
	NO DELL'AND SECTION OF THE PERSON OF THE PER			
Care Care of the Land		471.00	10.08	
	Molla privo 250	mand of the first		

motority filled in by the

cent are has been signed by the ottending physician

or othe

NO

23g BURIAL, CREMATION, REMOVAL (SPECKY) Burial

	STATE OF MARK
OR	DEPARTMENT OF HEALTH AND
ATE GISTRAR	CERTIFICATE OF

STATE OF MARYLAND MENTAL BYGIENE DEATH

REG. N	0.				
2a DATE OF DEATH	MONTH S	2	84	26 HOL	5
6 AGE (IN YEARS LAST BIRTHDAY)			DER 1 YEAR		24 HR5
1.2		MONTH	5 DAYS	HOURS	MIN

1. DECEASED NAME EIRST	pertu	WIDDIE	Young	20 DATE OF DEATH MONTH	2 84 6.05
3. SEX Female	1 RACE Blace	K 6	DATE OF BIRTH MONTH 6 DAZ 1 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.C.	76. CITIZEN OF	1111	MARRIED NEVER MARRIED DIVORCED	Baltimore CITY OR COUNT	
Baltmore		HOSPITAL, NURSING HICKORY	ome or other institution essi of Baltimore	120 USUAL OCCUPATION (11 YPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS O
USUAL RESIDENCE (IF MURSING HOME 138: STATE 13b. COI	OR OTHER INSTITUTION UNITY	13c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CON 2623 Loyola	
14. FATHER'S NAME EIRST Henry	WIDDLE	Lassiter	15 MOTHER'S MAIDEN N	AME	Pender
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IE YES, O	ARMED FORCES? GIVE WAR OR DATES)	215-16-24		ore 5512 Robi	nwood Ave

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardio-repriatory arrest	
Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)	

CAI	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
E				YES NO	YES [	NO 🗌		
CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN LITEM 18 PART 1 OR PART 2)					
MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	216 PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	NN COUNTY	STATE		
	22a.1 certify that (I) (this haspital)	attended the deceased fram		_, ta		hat (1) (we) last		

22a.1 certify that (I) (this haspital) attended the dece	ased fram	, 19, ta	. 19
saw the deceased alive an above, (1) (we) (did) (did not) view the body after d	eath. 19	, and that in (my) (our) opinian deoth occurre	d on the date and hour and Iram the causes stated
226. SIGNATURE		DEGREE	22c. DATE SIGNED

above, (1) (we) (aid ) (aid not) view the body after death.		
226 SIGNATURE	DEGREE	22c. DATE SIGNED
Clayton 111. Deller	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	18-2-84
226. PHYSICIAN'S NAME (TYPE OR PRINT)	22e. ADDRESS	

23c. NAME OF CEMETERY OR CREMATORY
Md Nat Mem Park

The tribles are by the first owner,	1110.71001

23b. DATE 8/8/84

24 FUNERAL DIREC	TOR		196 13			
William	C.	March	F/H	1101 E.	North	Ave

250 DATE REC'D. BY REGISTRAR 256 DEGISTRAR'S SIGNATURE
AUG 6 1984 Juna Davidson Hondall

STATE

236 LOCATION

BP.

O FUNERAL DIRECTOR

(A) The second s	
	A
	and and

ATTENDING PHYSICIAN. The low

TO HOSPITAL

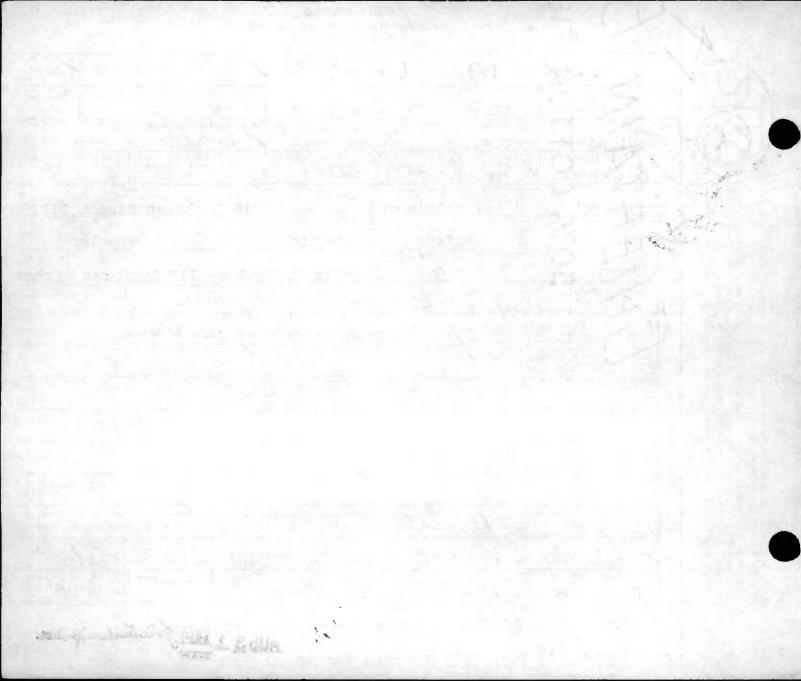
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

for, page 3

K	1	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL LAYG ICATE OF DEATH	IENE 2 I	9 6 4
V	(TYP	CEASED NAME FIRST E OR PRINT) GLAdys	(X) E.	You	YOUNG	20 DATE OF DEATH MONTH	29 84 8 30 PM
	3 SE	Female	4 RACE Black	5 DATE C			IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1	I	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Aryland  ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?  U.S.A  11. NAME OF HOSPITAL, NURSIN	MARRIE WIDOWE		Belton	CITY MD.  126. KIND OF BUSINESS OR
pewor!	USU		OTHER INSTITUTION GIVE RESIDENCE BEFOR	- tto	spital	(TYPE OF WORK FOR MOST OF WORKII	
1875 1888	N	STATE  Maryland  ATHER'S NAME	I36. CITY OR TOW Balti		136 INSIDE CITY LIMITS? YES X NO  15. MOTHER'S MAIDEN NA		t Street 21229
100		John	Wiley		Hattie	MIDDLE	Wheeler
e medico	1	WAS DECEASED EVER IN U.S. ARI YES NO OR UNKNOWN) JNKNOWN (IF YES, GIVI	MED FORCES? 16b SOCIAL SECU E WAR OR DATES) N/A	JRITY NO.	Anita C. F	ADDRESS Owler 718 I	Lynhurst Stree
y, or other troumotic ev		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO	LA ENCE OF	edup Imos	nay Resusata	* * * * * * * * * * * * * * * * * * *
ows any injur	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH			20a AUTOPSY? 20b IF	FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?  YES \( \text{\text{\$\subset\$}} \text{\text{\$\subset\$}} \)
dem 18 sho		71a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	
morked or h	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, I	FARM ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
m 21 is m		sow the deceased alive on above, (I) (we) (did) (did not	tol) oftended the deceased from			to, to	hour and from the causes stoted
Z = = = = = = = = = = = = = = = = = = =		Children ado	-5/hvosnimI		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Spa St
MPORTANT			- C-NWOSU, n		Provid	Cent Hospit	Berthinse
	23a l	BURIAL, CREMATION, REMOVAL (SPECIFY)			Auburn Cem	23d LOCATION CITYOR TOWN Baltimore	COUNTY STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

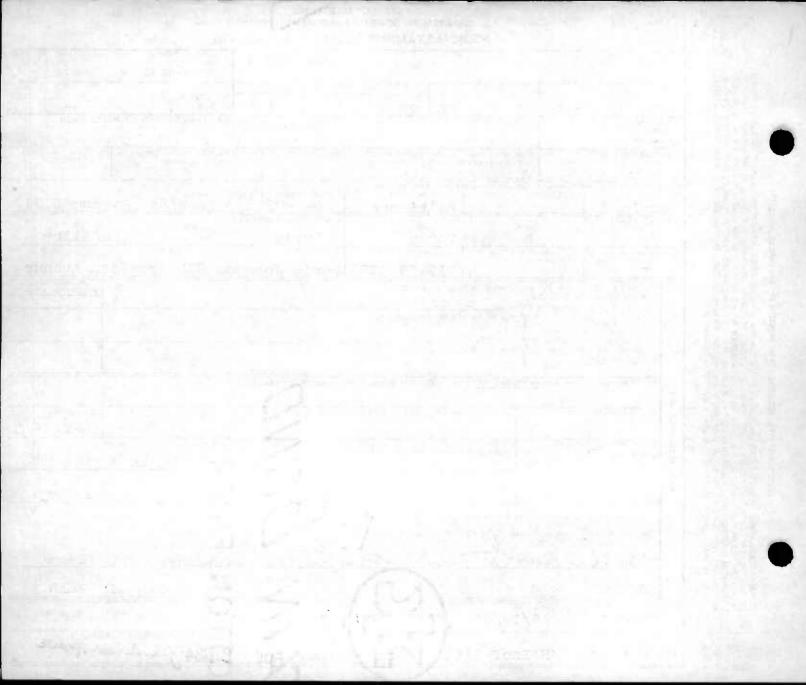
Mount Auburn Cem. Baltimore RANGSONATION MO Wm C March F/H Inc. 1101 E North Avenue



7	FOR		DEPARTMENT OF	HEALTH	AND MENTAL HYG	IENE 4	1 h.	7		
1-	STATE REGISTRAR	MEI	DICAL EXAMIN	IER'S C	ERTIFICATE OF D	EATH	REG. NO.			
	CEASED NAME FIRST		MIDDLE		(Johnson)	20. DATE KNO	OWN X M	ONTH DA	Y YEAR	26 HOU
(11	Jame	25	R.	Y	oung	DEATH MA	TED []	8-6	1984	
3 SE		5 DATE OF BIRTH	6. AGE (INY	ARS IF UN	DER 1 YR. IF UNDER 24 H			ONTH DA	Y YEAR	24 HSY
m	ale black	7 10		RS. MONTH	S DAYS HOURS MIN	PRONOUNCE DEAD	,	8-6	1984	и ноу Э:3:
70. E	SIRTHPLACE (STATE OR	76 CITIZEN OF WH	AT COUNTRY?	Ta .	D NEVER MARRIED	1 BALTIMORI	CITY OR C	OUNTY O		
	oreign country) aryland	U.S	Σ Δ	WIDOW		Baltim	ore Ci	tv.		M
10. C	ITY OR TOWN OF DEATH	11 NAME OF HOS	PITAL, NURSING HOM			USUAL OCCUPATION OF WORKING	ON (TYPE OF V	VORK 12b.	KIND OF BU	SINESS
1	Baltimore		at Winston	Aven	ue	FOR MUST OF WORKING	(WE)		OK 1140031	N.I
USU	AL RESIDENCE HE IN NURSING HOM	E OR OTHER INSTITUTION, GIV		ION)	13d INSIDE CITY LIMITS? 13e	STREET ADDRESS				
	aryland	INIT	Baltimo		YES X NO D 5	05 Sher	idan	Aven	ue 2	1212
	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N					
	James	R.	Young		Luria	Miller		McC	Callu	m
	WAS DECEASED EVER IN U.S. A		166. SOCIAL SECURI	IY NO.	17. INFORMANT	A	DDRESS			
	YES	VE WAR UK DATES)	217-68-	0237	Luria Johr	nson 505	Sher	idan	Ave	nue
	18 CAUSE OF DEATH (Enter								APPROXIMATI	INTERVAL
	PART I DEATH WAS CAUS	SED BY: ATE CAUSE (a)	Blunt Head	Traum	a	1.4	- E-12			
-	8121		AS A CONSEQUENCE	OF						
	Conditions, if ony, which									
	cause (a) stating the <u>under</u> lying cause last.		AS A CONSEQUENCE	OF						
	lying coose lost.	(c)								
	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIRUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN PART 1	0'				
CERTIFICATION										
ICAI	190. DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPE	RATION W	AS PERFORMED?			(1)	head o	nly)
RTIF	21- EVTEDNIA! CALICE VALAR	216 TIME OF	Thi II IDV	22. 110	WALLELING OF CLUBBER	AITED AATLINE DE LE	wigge, coo.c.		YES XX	NO [
I CE	UNDERLYING XXOR	HOUR XX	MONTH DAY YEA	R	W INJURY OCCURRED (E					
PICAL	CONTRIBUTING CAUSE O	F DEATH 2: 53 P.M			ssenger in a	uto/auto	1mpact			
MEC	WHILE - NOT WHILE !	STREET, FACT	TORY, FARM, ETC.)	S	FREET	CITY OR TOWN		COUNTY		STATE
	AT WORK AT WORK	STJ	reet		ameda at Win	ston Ave.	, Balt	imor	e, Mai	cylar
	22s. I certify the TV took cho	rige of the remains als	nead only)	Autops	y XX, Inspection	, Inquiry	, and in	my apiniar	n	
	death resulted trans. No	tural country	Acident X, S	vicide	, Homicide . U	Indetermined manne	er ,			
	40mm 11 De	1 (V/	tue bla de	1	TITLE (SPECIFY)			2475		
	SIGNATURE CECL	un X	Medill a	M	D. Assistant	MEDICAL EXAMINE	R S	DATE SIGNED	8-7-8	34
	EXAMINER'S NAME		11/1/11		111 5	- OL D-	140	Ma	2120	,
	(TYPE OR PRINT) DE	nnis F. Sm			TO DITE SO	n St., Ba	iito.,	Ma.	2120	L
23a.	BURIAL CREMATION, REMOVAL	8/10/84	Garris	On F		OWTHOS M	ills	COUNTY	Md.	TATE
24	FUNERAL DIRECTOR	0/10/84	GGIIIB	011 1 (						
TAT	m C March F/	H The ADDRESS	101 E No-	+h 7	MONTE ALLO	D. BY REGISTRAR 3	Lisia No	anigres.	-Randa	00
6.A	m C March r/	TI THE. T.	TOT T MOL	LII A	venue Aub	0 1904	1			

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STATE OF MARYLAND



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#### STATE OF MARYLAND

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	O				
2a. DATE OF DEATH	MONTH	DAY	YEAR	2h HOU	IR
AUGUST 2	1984			1:5	OA,
6 AGE (IN YEARS LAST BE			RIYEAR	IF UNDER	24 HRS
64	YRS	MONTHS	UAYS	HOURS	AA IPI.

17b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Jones

DECEASED NAME LAST LITTE OR PRINTS JOHNNIE VOITNIC 3 SEX 4 RACE DATE OF BIRTH Mrye Rlack 7-13-1920 To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Virginia USA WIDOWED Raltimore Citu O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Maryland General Hospital
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE
113b. COLINITY Welder Balto. 13e STREET ADDRESS / ZIP CODE 2502 Madison Ave 13d INSIDECITY HMITS? Md. YES TX NO [ 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST AN IDIDLE MIDDLE Martha Gurlie Young ADDRESS 166. SOCIAL SECURITY NO 17 INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Shirley Armstrong 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Broncho-alveolar bronchogenic carcinoma, bilateral DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate \*\*PARTY 250 Continued) couse (o), stoting the underlying couse lost. \* Arteriosclerotic cardiovascular disease. CERTIFICATION Moderate severe chronic obstructive pulmonary disease. 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED MEDICAL

ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to

				IN CERTIFYING CAUSE	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	216 HOW INJURY OCCURRE	A	YES RY IN ITEM 18 PART 1 OR PART 2)	NO [
21d INJURY OCCURRED  WHITE NOT WHITE AT WORK	21e. PLACE OF INJURY  JATHOME, STREET, FACTORY, OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OF TO	WN COUNTY	STATE
22a.1 certify that XIX this hospital)	ottended the deceased from July	9 37, 19 84	. to August	2, 19 84	., that (X (we) l

sow the deceosed alive on <u>August 2</u>, obove, ([X]we) (did) (dix X) view the body after death. \_\_\_, and that in (XX (our) apinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE/SIGNED ATTENDING MEDICAL

TSICIAN'S NAME (TYPE OR PRINT)

Joseph Blustein, M.D.

22e. ADDRESS

PHYSICIAN [

c/o Maryland General Hospital

CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY

DIRECTOR PHYSICIAN

STATE COUNTY

FOR - STATE

REGISTRAR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

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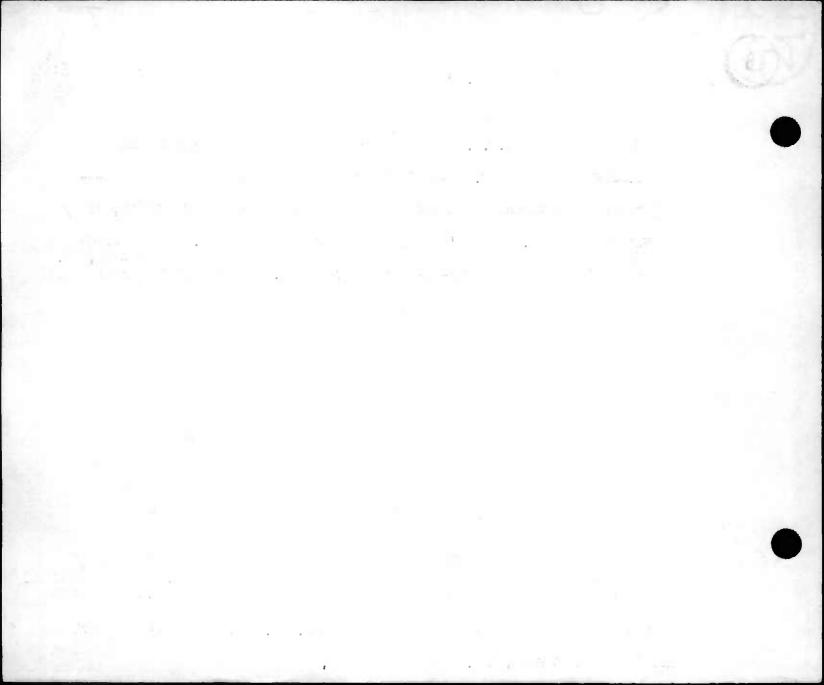
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. vicebas	2002		· OZIBA		12.12
	p/3	Sati			pilizad
	nuanuma/ set	rid 5	4.64gm		
at all and					
		1			

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and completely filled in by the for should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages L and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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6.00				1
250	110			

0 1	FOR STATE REGISTRAR			OF HEALTH AND A			G. NO.	1	
	ECEASED NAME FIRST	MIDDI	E	LAST		20 DATE OF DEA		DAY YEAR	26 HOUR
{TYP	PE OR PRINT) MARGAI	RET C.		YOUN'G			08	09 84	6:00 am
3. SE		4 RACE		DATE OF BIRTH		6 AGE (IN YEARS L		IF UNDER TYEAR	
	FEMA LE	WHITE		01 24	10	· · · · · · · · · · · · · · · · · · ·	4 YRS		HOURS MIN.
70 B	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?	ARRIED NEVERA	AARRIED .	9 BALTIMORE C	ITY OR COUN	TY OF DEATH	
) I	MARYLAND	U.S.A.	wi		VORCED	BALT	IMORE (	CITY	MD
6	BALT IMORE	(IF NOT IN SUCH FAIL ST.	AGNES HOS	SPITAL	NOITUTI	12a USUAL OCCI	MOST OF WORKING		F BUSINESS OR
2 13a.	JAL RESIDENCE (IF NURSING JOME OF STATE 131/ COUR MARYLAND BALT	OTHER INSTITUTION, GIVE VTY 13c.	RESIDENCE BEFORE ADMI	134 INSIDE C YES [	ITY LIMITS?	13e STREET ADDR 5114 SO	RESS / ZIP CO	REET, 21	227
301	ATHER'S NAME VINCENT	MIDDLE B.	O MALLEY		MAIDEN NAM FIRST L		DDLE	FORĜ	ÅN
h 160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECURITY	NO. 17 INFORMA	NT	A	ADDRESS SA	AN JOSE,	CA.
1	NO		214-01-614	47 KATHL	EEN L.	MEWSHAW	1635 (	CURTNER	95125
	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per line D BY: TE CAUSE (a)	for 101, (b), and ic.	ice a	nes	+		BETWEEN	MATE INTERVAL ONSET AND DEATH
z	Conditions, if ony, which gove rise to immediate cause Io1, stating the underlying cause lost  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS	A CONSEQUENCE	· colo	) TO THE TERMI	NAL DISEASE OR	CONDITION	GIVEN IN PART I	o
TIFICATION	190 DATE OF OPERATION	196 CONDITIO	n for which ope	ration was perfo	RMED	20a AUTOPSY	IN CER	YES, WERE FINDI TIFY ING CAUSES YES [	
AI CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	IJURY MONTH DAY		JURY OCCURRE	ED (ENTER NATURE C	OF HUIURY IN ITEM I	8 PART I OR PART 2)	
MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF I	NJURY FACTORY OFFICE FARM E	211 LOCATIO STREET	N	CITY	r OR TOWN	COUNTY	STATE
	22a I certify that (1) (this hospi saw the deceased alive an above, (1) (we) (did) (did no	8-8	* YY 19		. 19 (our) apinion d	eoth occurred on	the date and h	nour and from the	
	22b SIGNATURE	1 hu	llins		TTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN	224. DATE	SIGNED
/	22d PHYSICIAN'S NAME (TYPE OF	Will.	ins	22e ADDRES	SA	1	St. A Balto.		ospital 1229
230	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAMI	E OF CEMETERY OR C	REMATORY	23d LOCATION		COUNTY	STATE
	BURIAL	08-11-8	34 MEAI	OOWRIDGE M	EM. PK.	ELKRID	GE HOV		RYLAND
24 F	FUNERAL DIRECTOR		ADDRESS	21229	25a. DATE	REC'D. BY REGIS			
н	UBBARD FUNERAL I	HOME INC.		KENS AVE.	IA I	16 1 0 19	184 , -	بالإشبياء بمداله بالم	



FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAUHYGIENE

PEG.	NO

O

11.	REGISTRAR		CERTIF	ICATE OF DEATH	REG	NO.		
	CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	26. HOUR
TYPE	ORPRINT)	I D	V.			0	1 01	
	Kayn			nns	4.405	,	84	IF UNDER 24 MPS
3. SEX		4. RACE	5. DATE C		6. AGE   IN YEARS LAST		MEUNDER FYEAR	HOURS MIN.
/	Male	Black	12	17 12	1 71	YRS.		
	RTHPLACE   STATE OF FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8.		- 9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	Md Md	115 1		0	Balti	more c	itv	
10.01	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	WIDOWE	D DIVORCED  OR OTHER INSTITUTION	120 USUAL OCCUP			MD. OF BUSINESS OR
10.0	2- //:	(# NOUN SUCH EACILITY, GI	VE STREE LADDRESS)	K OTHER INSTITUTION	TYPE OF WORK FOR MO			OF BUSINESS OR
K	soffinore	Luthera	an Hospi	tal				
USU	AL RESIDENCE HE NURSING HOME OF		ICE BEFORE ADMISSION)				2121	16
N	aculan o 136 COUN	NTY 13c. CITY O	11	13d. INSIDE CITY LIMITS	S? 130. STREET ADDRES	Been	2/1/	2
IA EA	THE S NAME	130	110.	15 MOTHER'S MAIDEN	INIAAAE	11/00	an 17	V-
14.17		MIDDLE	AST	E#ST	MIDDLI		, I LAS	
	Jomes	4	lung	Cmr	N		Ne	156n
	VAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17. INFORMANT	ADI	DRESS	11.0	
1,	res, no or nknown)   I IF YES, GIV	E WAR OR DATES	19-8197	Mars 8	Gunso 2	713 12		Ares
		1200-6	01-0111	Mary C	1001101	10 ///	APPROX	MATE INTERVAL
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	, (b), and icid	10/			BETWEEN	MATE INTERVAL ONSET AND DEATH
		TE CAUSE (o)	suphing c.	el Concer			144	Phon
2.0		DUE TO, OR AS A CO	NSEQUENCE OF					
	Conditions, if ony, which	( (b)						
	gave rise to immediate							
	couse (a), stating the underlying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF					
		(c)						
7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE T	TERMINAL DISEASE OR CO	DUDITION GIVE	EN IN PART 1	0
CERTIFICATION	71 2000							
Y	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDI	
Ĕ					YES T NOT	YES	YING CAUSES	NO T
ERT	21g. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		71r HOW IN JURY OC	CURRED (ENTER NATURE OF I	-		110
	OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR		COUNTED (EMIER MAIORE OF )	AJOKI BATIEM TO T	An 1 () m 1 An 1 2 1	
OA	LIFEITHER NOTIFY MEDICAL EXAMINER	P.M.	19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	OFFICE FARM SIGN	211. LOCATION	CITY O	RIOWN	COUNTY	STATE
Σ	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY	, OFFICE, PARM, EIC J	3				
	220 I certify that (I) (this hospi	in) attended the decensed	I from	6 19 6	3 to J4	les	10 34	that (I) (we) lost
	saw the deceased alive on	31 1	Cad	, , , ,	nion death accurred on the	dote and how		
	obove, (I) (we) (did) (did no	t) view the body after death	1.		mon deam decorred on the	dore ond floor		
	226. SIGNATURE		4	DEGREE			22c. DATE	SIGNED
	1 lemit	5		ATTENDIN PHYSICIA		SICIAN	8/3	184
	22d PHYSICIAN'S NAME TYPE C	OR PRINT)		22e ADDRESS				
201	P Kunit			230 m	bhert CL			
-			100	100 1361	July mes			
	SPECIFY) REMOVAL	The second secon	23c NAME OF C	EMETERY OR CREMATO	23d LOCATION		COUNTY	STATE
	Burial	8/6/84	Cedar	Hill Cemet				Md
24 FL	INERAL DIRECTOR				DATE REC'D. BY REGISTR			
Wi	lliam C Mar	A TI /II 110	DDRESS		AUG 6 198	1 Sal	Davidson	Randell
.,,,	Mar	ch F/H 110	LE. No.	rth Ave	0 80	-	and fundamental	

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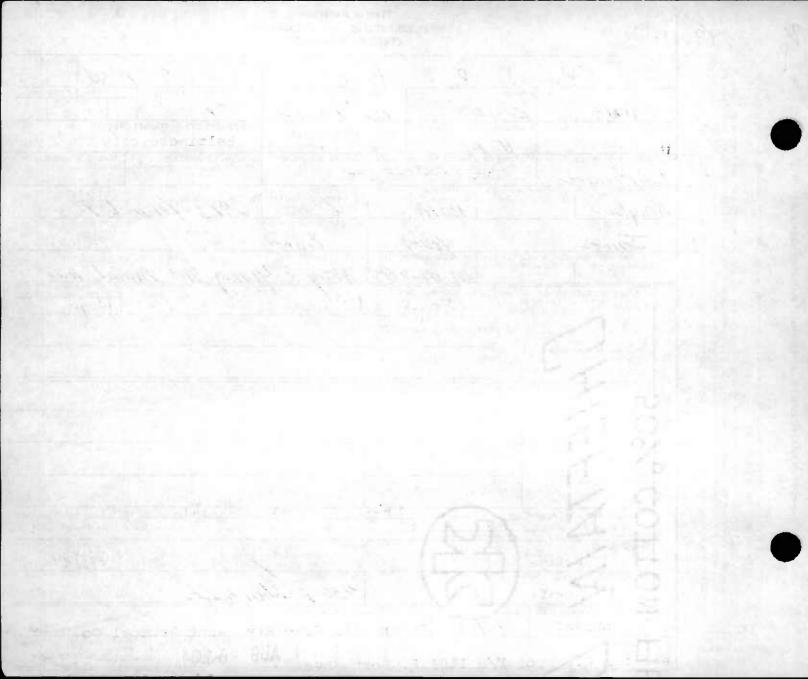
etoined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 thous after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, the medica

MPORTANT: If them 21 is marked or them 18 shows

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be



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Mental Hygiene

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MPORTANT:

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL BYGIEN CERTIFICATE OF DEATH

LE .	2	i	9	6	7			
	REG. 1	NO.						
DATE OF	DEATH	MONI	H DA	Α Α	EAR	2b. H	DUR	P
8-1	7-	84				5	3	M
AGE INYE	ARS LAST B	#THDAY		UNDER	DAYS	IF UND	DER 24 HR	
78			YRS.	Mins	UATS	- NOUR	3   MI	4,
BALTIMO	RE CITY	OR CO	UNTY	F DEA	TH			
Balti	more	2 0	ity				/	MD.
USUAL				12b. K		F BUSI	NESS (	OR
Track		OF WOR	KING LIFE)			Ra	ilro	oad
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	MIDDLE				1A5			
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- 2	2523	REdn	nond	son	Ave	е.	212	23
ing I	Balt	imor	re, i	Mar	ylan	nd		
				BE I	PPROXI	MATE IN	TERVAL ND DEAT	н
				m	ince	49		
				de	ay	5		
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				1	40-	110	0	

REGISTRAR I. DECEASED NAME MIDDLE Roosevelt 3. SEX 4. RACE 5 DATE OF BIRTH BlACK MALE 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED . DIVORCED Maryland NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bon Secours Hospital Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 134. INSIDE CITY LIMITS? Baltimore YES X Maryland NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST Frances John 0. Young 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-14-9716 Frances A. You Yes WW II 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. uecoures PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e PLACE OF INJURY 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE STREET AT HOME STREET FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive on above (1) (we) (did) (and not) view the boo one that is timy (our) opinion death occurred on date and hour and from the causes stated after death DEGREE ATTENDING A MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS 234. NAME OF CEMETERY OR CREMATORY 23m. BURIAL, CREMATION, REMOVAL 23b. DATE

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIREC be detached te State Dept. Hea

> (SPECIFY) Burial

FOR - STATE

8/24/1984

New Cathedral Cemeter Baltimore.

Maryland

2501 Gwynns Falls Parkway 24NUTE CEPTRE TOSONS Funeral Home Inc. Baltimore, Maryland 21216 BY REGISTRAR 256 REGISTRAR'S SIGNATURE

21223

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The state of the s

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

DAY

MARRIED NEVER MARRIED

YEAR

DIVORCED

NO [

13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NA

FIRST

1898

5. DATE OF BIRTH

MONTH

WIDOWED

AVENUE

YES DE

17 INFORMANT

cinoma

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

MIDDLE

76. CITIZEN OF WHAT COUNTRY?

LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

RIGGS

13c. CITY OR TOWN

LAST

DUE TO, OR AS A CONSEQUENCE OF

ALTIMORE

BUNG

166 SOCIAL SECURITY NO

ENE	2.	1 9	1	U		
	REG.		B.14	YEAR	In	
Zo. DATE	OF DEATH	8	5	84	26 HOL	JR M
6. AGE	IN YEARS LAST	WARTHDAY)	MONTH	DAYS	HOURS	MIN.
9. BALTI	MORE CITY			EATH		
R	ALTI	MORE	. 0	iTY	,	MD.
12e. USU	AL OCCUPA WORK FOR MOST	TION	121	KIND O DUSTRY	F BUSINI	ESS OR
	ET ADDRESS		212 A1	EN	u E	
\E	MIDDLE		EI	) W A		S
	ADD	RESS				
IGH	TS	304 E	E. C.			NGLA
1	2084	ite	-	BETWEEN	MATE INTE	RVAL DEATH
				TO		

deot by 2 puo physician 60 offe by beer attending physician. certificate DIRECTOR ined by 0 BP.

ATTENDING

HOSPITAL

(VRA 15, 4)

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with Pote filed old be 1SA E she N puo carban papers. Pages, , or removal. emotion, other plea à 9 0 prior urial-transit pe and Mental Hygiene sho 8 or Nem morked of Health . 55 FUNERAL DIRECTOR wild be detached for u h the State Dept. of H 2 If hem MPORTANT shoul DHMH - 16 50M 4/82

23a

CERTIFICATION

MEDICAL

FOR - STATE

(TYPE OR PRINT)

7a. BIRTHPLACE

COUNTRY 047

USUAL RESIDENCE

14. FATHER'S NAME

10 CITY OR TOWN OF DEATH

FIRST

IYES, NO OR UNKNOWN

110

ALTIMORE

3. SEX

REGISTRAR

FIRST

1136 COUNTY

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

( STATE OF FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

4. RACE

DECEASED NAME

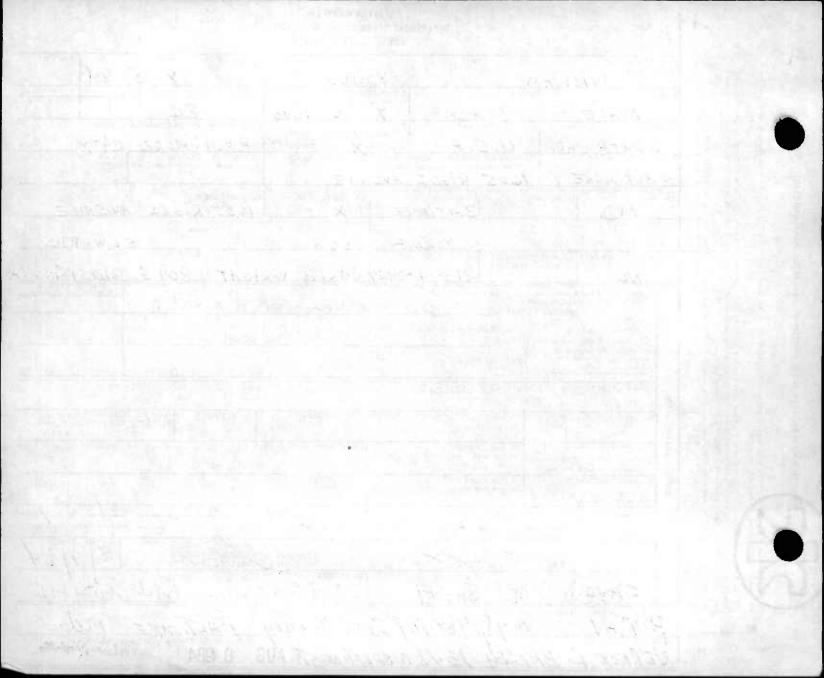
			_
BURIAL, CREMATION, REMOVAL	23b. DATE	00.	23
BURIAL	ALGE	1984	
JUNIA K	10/1	101	Z
UNERAL DIRECTOR	16/		
IERNON C. BA	2,/11	12 ADDR	16
BKNIN L. PIF	ILHU	194	1

23d LOCATION

1984

Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [ 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 19 HE EITHER NOTIFY MEDICAL EXAMINER 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE STREET CITY OF TOWN AT HOME STREET FACTORY, OFFICE FARM, ETC 1 WHILE \_\_\_ NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram and that w (my) (aw) apinion death occurred an the date and have and from the causes stated saw the deceased alive an abave, (1) (we) (did) (did not) view the bady after death TIL DATE SIGNED DEGREE 22b. SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS

NAME OF CEMETERY OF CREMATOR



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1	T	

nge 3

#### STATE OF MADVIAND FOR DEPART

MENT OF HEALTH AND MENTAL HYGIENE	61	-
CERTIFICATE OF DEATH	REG. NO.	

1 -	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
	CEASED NAME	FIRST B	RNAKD	MIDDLE	V . 1	AST YOUNGWOR'	TH	20. DATE OF DEATH MONTH		YEAR	26 HOUR
- 1	1	Sern	ard		luur	16 WORTH		08	09	84	5:45 PM
3. SE	$^{\times}$ $^{\wedge}$ ALE		4. RACE	isim	5. DATE C			6 AGE (IN YEARS LAST BIRTHDAY)		DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
(	RTHPLACE (STATE OR I COUNTRY) VEW YORK	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D DIVORCED	7	9 BALTIMORE CITY OR CO		DEATH	MD.
_	Baltman	1110	11. NAME OF H		G HOME C	OR OTHER INSTITUTION		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  OWNER	CING HEE)	NDUSTRY	OF BUSINESS OR  INDUSTRIES
13a S N	AL RESIDENCE (IF NURS STATE MARY LAND	136 COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN BALT IMOI	N	136 INSIDE CITY LIMIT		13e STREET ADDRESS / ZIP 6002 BAYWOOD	CODE AVE	, #:	21209
14. F.A	ATHER'S NAME FIRST LOUIS		MIDDLE	YOUNGWO	RTH	15. MOTHER'S MAIDEN		MIDDLE	F	REESE	ST.
	VAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	166. SOCIAL SECUI		17 INFORMANT 6002 BAY		S. FRANCESESYO D AVE. BALTO			21209
	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	which mediate ig the lost	D BY.  E CAUSE (o)  DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CC	CA-die  RAS A CONSEQUE  RAS A CONSEQUE  AS CV  ONTRIBUTING TO CO	NCE OF TO DEATH BUT			NAL DISEASE OR CONDITIO	n Given I		WAJE INTERVAL ONSET AND DEATH
MEDICAL CERTIFICATION	190 DATE OF OPERA 7130 210. ACCIDENT WAS UNI	ION 84		TION FOR WHICH	OPERATIO			20d AUTOPSY? 20b.	YES [	G CAUSES ]	NGS USED S OF DEATH?
MEDICAL	OR CONTRIBUTING (IF EITHER NOTIFY MEDI- 214. INJURY OCCUR! WHILE NOT WE AT WORK AT WO	CALEXAMINER	21e. PLACE		19	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
	22a.1 certify that (1) sow the decease above, (1) (we) (c) 22b. SIGNATURE	ed alive on	8/6	19		nd that in (my) (our) opi DEGREE		, to	d hour one		
	226. PHYSICIAN'S N.	AME (TYPE O	.101	nuster		ATTENDIN PHYSICIA	N	MEDICAL STAFF DIRECTOR PHYSICIAN	3	8/	6/89
	BURIAL, CREMATION,	AL	AUG.12	,1984 A	RLING			23d LOCATION CITY OF TOWN BALTIMORE	3		RYLAND
	UNERAL DIRECTOR NAME 6010 REIST	SOL ERSTO	LEVINSON WN RD.	BALTO.	,INC.	21215	AUG	REC'D. BY REGISTRAR 258 B	EGISTAR.	SSIGNAL	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely littled in by this should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

retained by the hospital or attending physician

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injury, or other troumatic event, the medical man

IMPORTANT: If Hem 21 is marked or Item 18 shows any

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filling in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

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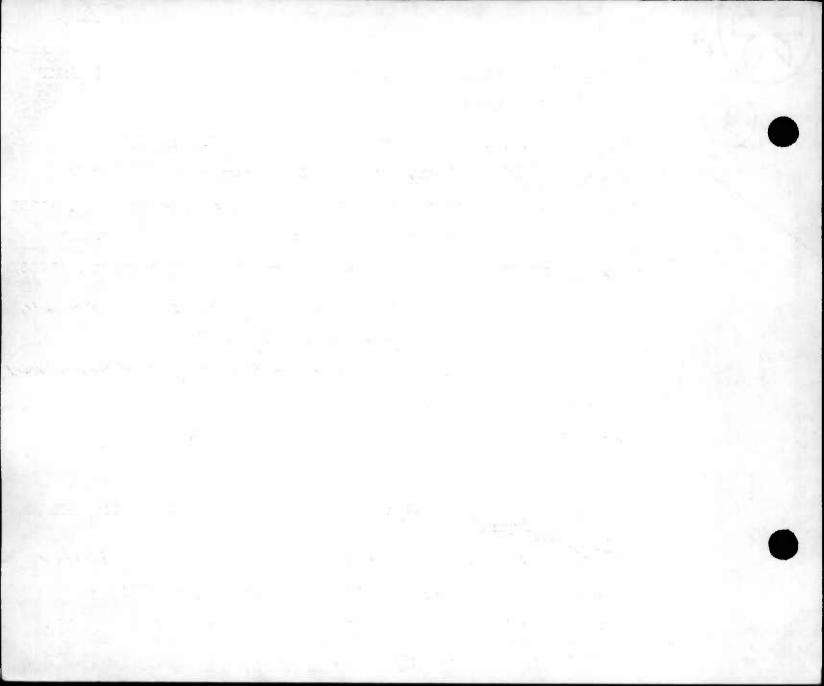
DHMH - 16 50M 4/B3

(VRA 15, 4)

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the medical exam

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO			
	CEASED NAME FIRST EOR PRINT) ANTHONY	RUDOI		JODNY		8 20	YEAR 84	2h HOUR 5:16P M
3 SE	MATE	4 RACE WHIT	- 03		6 AGE (IN YEARS LAST BIRTH  6 4  9 BALTIMORE CITY OR	YRS.		IF UNDER 24 HRS. HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)  MD.	U.S.A.	MARRIE WIDOWI	D NEVER MARRIED X	BALTIMON		EAIN	MD.
	ITY OR TOWN OF DEATH  BALTIMORE		SPITAL, NURSING HOME OF CILT GIVE STREET ADDRESS! LTIMOTE, Mary		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF BARTENDER		CAF	E BUSINESS OR
USU 13a.	AL RESIDENCE (IF NURSING HOME O STATE MD.	NTY 13c	e residence before admission) E. CITY OR TOWN  BALTIMORE	YES 🔀 NO 🗌	13 STREET ADDRESS /	ZIP CODE MADISO	N SI	21205
14 E	ATHER'S NAME FIRST ANTON	MIDDLE	ZAVÔDNY	is. mother's maiden nav	WIDDLE		DRÖË	BNIK
16a \	WAS DECEASED EVER IN U.S. AI		18-01-7931	JAMES ZAVO	ODNY, QUEE		MD.	. 21658
	18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUSI IMMEDIA	ED BY: TE CAUSE (0)	e for (a), (b), and (c).1  CA F  S A CONSEQUENCE OF	dio Gulmon	any Arrest	+		mate interval iniset and Death my mutte
7	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	(c)	S A CONSEQUENCE OF	Influents S Influence S Notificated to the term	AKA STUMP INAL DISEASE OR COND			le tus Wour
CERTIFICATION	190 DATE OF OPERATION 8/20/84	196 CONDITIO	Poor Wound on FOR WHICH OPERATION Emergent	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEF IN CERTIFYING YES []		
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFE EITHER, NOTIFY MEDICAL EXAMINE 214. IN JURY OCCURRED	P.M.	MONTH DAY YEAR	211 LOCATION	RED (ENTER NATURE OF INJURY		OUNIY	STATE
2	white NOT white AT WORK  22a I certify that (X (this hosp saw the deceased alive or above, (X (we) (did) (x )	oital) attended the de	eceosed from JULY	24 1984 nd that in XX (aur) opinion o		. 17	34	har (we) last
	226. SIGNATURE	H- Le		DEGREE  MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		8/2	
	PAUL H	ORPRINT)	mo	VAMC, Baltim	ore, Maryla	nd 21218	3	
	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	8/23/8	4 BOHEM	EMETERY OR CREMATORY IAN NAT L	23d. LOCATION CITY OF TOWN BALTIMO		INTY	MD .
24. F	UNERAL DIRECTORSCHIM NAME 3331 B			INC. 250 DATE Md. 21218	FREC'D BY REGISTRAR 2	Sb. REGISTRAR'S		



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4 moy be

FOR STATE

## DEPART

STATE OF MA		2.9
MENT OF HEALTH	AND MENTAL	HYGIENE
CERTIFICATE		

6.00	

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST (TYPE OR PRINT) Edward	William	Zelenka	August 14,	1984 Zb. HOUR
. SEX Male	4 RACE White	5. DATE OF BIRTH 14 1913	6. AGE (IN YEARS LAST BIRTHDAY) 70 YRS	FUNDER I YEAR FUNDER 24 HIS MONTHS DAYS HOURS MIN.
BIRTHPLACE ISTATEORFOREIGN Virginia	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore (	
CITY OR TOWN OF DEATH  Baltimore	(IF NOT IN SUCH EACHLITY, GIVE STREET		120 USUAL OCCUPATION (1995 OF WORK FOR MOST OF WORKING Firefighter	126. KIND OF BUSINESS OF BALTO. City
SUAL RESIDENCE (IF NURSING HOME OF 30 STATE 136 COUL	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 134 CITY OR TOW Baltimo	PROPERTY PRO	13e.STREET ADDRESS / ZIP CO	Ave. 21214
FATHER'S NAME Matthew	MIDDLE Zelenk	a Antoinett	MIDDLE	Unknown
WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SECU 216-03-		Kempisty 1544 Wi	lliams Ave. 212
PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), an ED BY: TE CAUSE (a) LIVE	R FAI WRE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUI	ENCE OF  DEATH BUT NOT RELATED TO THE TER		GIVEN IN PART 100
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
OR CONTRIBUTING CAUSE OF DE	R) P.M.	AY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
ZIÓ INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, 1	FARM, ETC   211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive or	or the bady after death.	VII	n death occurred an the date and h	, 19 , that (II (we) la cour and from the causes stated 22c. DATE SIGNED
John J. Mar		PHYSICIAN  22. ADDRESS  611 Park	DIRECTOR PHYSICIAN	Maryland
BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATOR Holy Redeemer	23d LOCATION CILLY OF LOWER BAITIMORE	COUNTY MOTE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 with the State Dept- of Health and Mental Hygiene prior to burial, cremotion, or removal. IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, or ather traumatic event, the

etained by the hospital or attending physician.

24 FUNERAL DIRECTOR
Leonard J. Ruck, Inc.

Baltimore, Md.

250. DATE REC'D. BY REGISTRAR 250. DEGISTRAR'S SIGNATURE
AUG 1 5 1304 Julia Davidson-Handell

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	K JANUARY.		
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100 315	10. / . bil . ser	Prima .cul ,we	C. Merca

# STATE OF MARYLAND

5. DATE OF BIRTH

MONTH

Feb

MIDDLE

76 CITIZEN OF WHAT COUNTRY?

ZEPP 4. RACE

white

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH

DAY

9.1896

YEAR

REG. NO

6. AGE (IN YEARS LAST BIRTHDAY)

88

MONTH

9 BALTIMORE CITY OR COUNTY OF DEATH

8-2-84

YRS

26 HOUR

IF UNDER 24 HRS

YEAR

IF UNDER I YEAR

,	LOUNTRY)			MA	KKIED	I MEVER WARRIED I					
1a	ryland		USA_	WID	OWED	X DIVORCED [	В	altim	ore Ci	tv	MD.
0. CI	TY OR TOWN OF DEATH	11.		PITAL, NURSING HO CILITY, GIVE STREET ADDRESS		OTHER INSTITUTION		OCCUPATION FOR MOST OF	ON F WORKING LIFE)	126 KIND OF BU	ISINESS OR
	altimore Cit			nes Hosp		1	Hous	ewif	e	own ho	ome
	AL RESIDENCE (# NURSING	LOUNTY		RESIDENCE BEFORE ADMISS		d. INSIDE CITY LIMITS?	13e.STREET	ADDRESS /	ZIP CODE	2122	29
la	ryland	Kalti	more A	rbutus	Y	res NO X	1206	Mai	den C	hoice I	ane
LFA	THER'S NAME	MIDE	N.E	LAST	15	. MOTHER'S MAIDEN NAM	\E	MIDDLE		LAST	
١1	onzo Stav	_				Mary Scher	or	MIODIE		(A3)	200
la V	VAS DECEASED EVER IN	U.S. ARMEE		SOCIAL SECURITY N		INFORMANT		ADDRE	55		
		(IF YES, GIVE WA	,	10 7/ 07	1. 2	Man Chan	M		1206	Moidon	Ch T
ON					4.3	Mrs. Shirl	ey Mc	oney	1200		
	PART I. DEATH WAS	CAUSED B	Y. (	for (0), (b), and (c)	an	est				APPROXIMATE BETWEEN ONSE	TAND DEATH
	I/V	AMEDIATE C			3.7						
			DUE TO, OR AS	A CONSEQUENCE		40001160	21-	. Su	~		
	Conditions, if any, w		(b)	nemice	100	yacaronal	100	CLES CO.	77.		
	couse (o), stoting	the 1	DUE TO, OR AS	A CONSEQUENCE	OF.						
	underlying cause	last	(c)								
	PART 2 OTHER SIGNIF	ICANT CON	DITIONS CONTE	RIBUTING TO DEATH	BUTNO	T RELATED TO THE TERMI	NAL DISEAS	E OR CON	OITION GIVEN	IN PART 10	
O	THE PERSON										
CERTIFICATION	190 DATE OF OPERATIO	N	196 CONDITION	N FOR WHICH OPER	ATION V	WAS PERFORMED	20a AUTO	OPSY?		WERE FINDINGS NG CAUSES OF I	
=							YES 🗌	K] ON	YES		0 🗆
	210. ACCIDENT WAS UNDER	LYING	216. TIME OF IN			1c. HOW INJURY OCCURRE	ED (ENTERNA	ATURE OF INJUR	Y IN ITEM TO PART	I OR PART 2)	
CAL	OR CONTRIBUTING CAU		HOUR A.M.	MONTH DAY Y	EAR 19						
20	(IF EITHER, NOTIFY MEDICAL 21d, INJURY OCCURRED		21e. PLACE OF I	NJURY	-	II LOCATION					
MEDI	WHILE NOT WHILE			ACTORY, OFFICE, FARM, ET		STREET		CITY OR TO	WN	COUNTY	STATE
	22a. I certify that (1) (th		ottended the de	ceased from		. 19	, to			, that	
	saw the deceased abave, (1) (we)-(did	) (did not) vi	ew the bady after	r death.	_, and t	hat in (my) (our) apinion d	eath occurre	ed on the do	ite and hour a	nd fram the caus	es stated
	226. SIGNATURE	> .	X 1	w	DEC	GREE	Nicol	4.0		220 DATE SIGN	NED
	to	Truly	gu,			ATTENDING PHYSICIAN X	MEDICAL	STAF		2 Δ110	g 84
	22d. PHYSICIAN'S NAM	E (TYPE OR PRI	INT)		2:	2e ADDRESS	DIRECTOR			1 Z Au	5 04
	L nall	Inn	14 54	IE, M.D.							
	on,		/				s Ho		Ц		
	BURIAL, CREMATION, RE	MOVAL 2	36. DATE			ETERY OR CREMATORY	23d LOC	ATION		COUNTY	STATE
	Burial	70 10 10	4 Aug	84   Mead	lowr	idge Ceme.	Do	rsey	Но	ward	Md.
4 Ft	JNERAL DIRECTOR		11 11	4000000	140		REC'D. BY	REGISTRAR	75) REGISTRA	R'S SIGNATURE	Se
An	nbrose Fun	eral	Home 1	328 S1111	hur	6.1117	3 18	384 9	dia David	Mehan I.	
		- Lal	TTOTAL 1	JULO DUI	71141	- pring.					

death certificate that the OR ATTENDING PHYSICIAN: The low attending physicion TO HOSPITAL OR ATTENI BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and ca should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, th

IMPORTANT: If them 21 is marked as the

within 24 hours ofter death. Page 4

completely filled in by the funeral s 1 and 2 should be filed within 72

FOR - STATE

REGISTRAR

To BIRTHPLACE I STATE OF FOREIGN

VIOLA

. DECEASED NAME

(TYPE OR PRINT)

Female

3. SEX

	PER STATE OF THE S	
a2fx01 10-0-0		
volt annual of		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer death. retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and car should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

mpletely filled in by the funeral ond 2 should be filed within 72 l

medicol

STATE OF MARYLAND

1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND	MENTAL HYA	BIENE**	REG. NO	).				
	CEASED NAME	FIRST	A	AIDDLE		LAST		20 DATE O	FDEATH	MONTH	DAY	YEAR	25 HOUR	?
TYPE	Geo Geo	rge.			て	ombo		5		08	14	84	7:3	5 PM
3. SEX	(		4 RACE		S. DATE (		YEAR	6 AGE IN	YEARS LAST BIRT	THDAY)	MONTH	DER I YEAR	IF UNDER 2	MIN.
n.	M		Wh	, کسو	02	a §	12	72		YRS	5.		HOURS	AN 1141.
	RTHPLACE (STATE OR!	FOREIGN		S.A.	MARRIE WIDOWI		MARRIED A	1000	lto.			EATH		MD.
10 CI	TY OR TOWN OF DEA		11. NAME OF	OSPITAL, NURSIN	IG HOME			12a. USUAL		ON	121	b. KIND O	F BUSINES	
	Balto.	eroj.	Me	rcy Hos	ο.	- 1.2		(1115 OF WOR		* WORKING	S CIFE) IIN	DUSTRI	11	
13a. S	AL RESIDENCE (# NURS STATE Md.	13b. COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Balte	N	13d INSIDE	CITY LIMITS?	13e. STREET 1213	ADDRESS Ligh	nt S	t.	2123	30	
14_FA	THER'S NAME		MIDDLE	LAST		15. MOTHE	S MAIDEN NA	ME	MIDDLE			LAS	,	
	Joseph		MIDDIE	Ziemba		M	ary		MIDDIE		В	iale	k	
	VAS DECEASED EVER			16b. SOCIAL SECU	RITY NO.	17 INFORA	ANT		ADDRE	SS				
{,	no or unknown)	(IF YES, GIV	E WAR OR DATES)	219-46	-912	Sop	hia Ho	lmes :	3546	Woo	dri	ng A	ve.	212
ATION	Conditions, if ony, gove rise to improve to improve to improve to improve to improve to improve the course the course to improve the course the	, which mediate ag the lost.	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CO	R AS A CONSEQUE  R AS A CONSEQUE  R AS A CONSEQUE  TION FOR WHICH	NCE OF	201		MINAL DISEAS		20b. IF '	YES, WE	RE FINDIN	NGS USED	
IFIC			751					YES	ПОИ	IN CER	YES T	CAUSES	OF DEATH	1?
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNI OR CONTRIBUTING [	CAUSE OF DE	P.,	M. MONTH DA	AY YEAR	1037	INJURY OCCUR	RED (ENTER N.	ATURE OF INJUI	RY IN ITEM I	IS PART I C	OR PART 2)		
MED	21d. INJURY OCCUR	HUE 🗀	21e. PLACE (	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	214 LOCA			CITY OR TO	WN	c	OUNTY	SI	ATE
	270.1 certify that (I) sow the deceos above, (I) (we) (6 27b. SIGNATURE  (JJ C 27d. PHYSICIAN'S N.	ed alive on did) (did no	n W	ofter death. 19_	<u>s</u> 40	DEGREE	ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAI	FF .			SIGNED	.,
	Burial, CREMATION,	REMOVAL	236 DATE 8-1	7_01			CREMATORY		ATION YORTOWN Balt	0	cou	YTML	st Mo	ATE
200	UNERAL DIRECTOR	(411-	w Tna	ADDRESS			25a. DA	TE REC'D. BY	REGISTRAR	256 REG	STRAR'S	SSIGNAT	URE	_

DHMH - 16 50M 4/82 (VRA 15, 4)

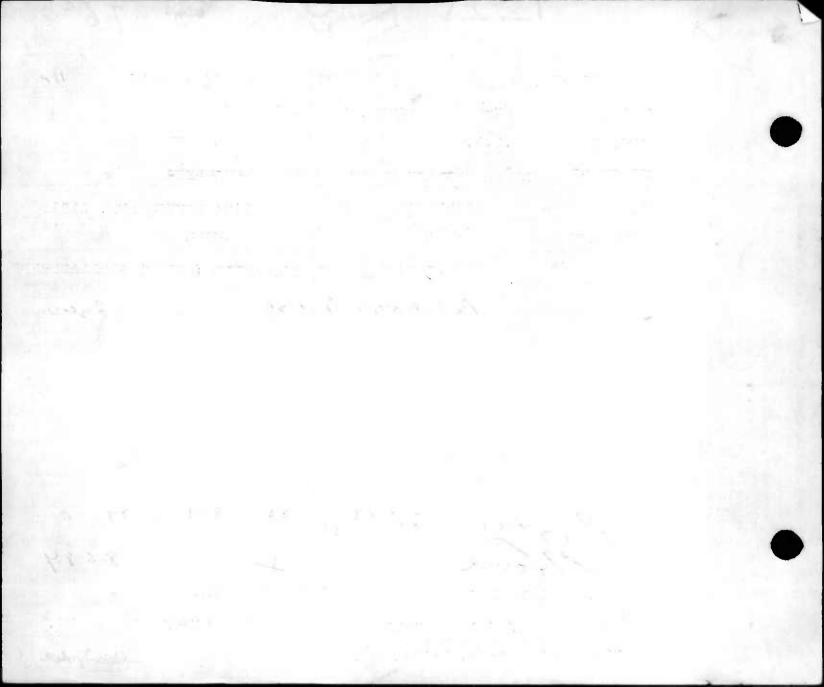
John C. Miller Inc. 6415 Belair Ru.

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Maria -			
DN .			

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGI
REGISTRAR	CERTIFICATE OF DEATH

Eng.	60	- 1	6	1	6
SIENE				1	

	REGISTRAR			CERTIF	CALE OF DE	AIN	F	REG. NO.				
		R51	WIOOFE	L/	AST		20. DATE OF DE	ATH M	ONTH C	DAY YEAR	2b HOUR	
TIVP	E OR PRINT)	ZABETH	_	ZIMM	MERMANI	1	AUGUST	4,	198	4	1/AM	
3. SE	Х	4 RACE		5. DATE O		1	6 AGE (IN YEARS	LAST BIRTH	(VAO)	IF UNDER I YEAR	IF UNDER 24 HRS	
1	FEMALE	WHIT	E	SEPT	r. 2°AY	1887	96		YRS	DATS	MIN.	
	IRTHPLACE (STATE OR FORE		WHAT COUNTRY	? 8	NEVER M.	APPIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
1	AUSTRIA	U.S.	U.S.A. WIDOWEL			ORCED	BALT	OMI	RE C	CITY		
10 C	BALT IMORE	LIF NOT IN SU	11. NAME OF HOSPITAL, NURSING HOME O [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GARDEN VILLAGE NUF				12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKER				17b. KIND OF BUSINESS OR INDUSTRY	
USU 13a.	AL RESIDENCE (IF NURSING STATE MD.	HOME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE  134. CITY OR TOTE  BALTIMO	ORE	13d. INSIDE CIT	Y LIMITS?	13e.STREET ADD	RESS /	ZIP CODE YON	AVE.	21213	
14. F.	UNKNOWN	WIDDLE	LAST		15 MOTHER'S	MAIDEN NA/	UNKNČ	NWN		LAS	1	
160	WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SEC		17 INFORMAN			ADDRES				
	NO OR UNKNOWN) (1	FYES, GIVE WAR OR DATES	265-41-	-0462	DORIS	S O'DO	ONNELL	(NI	ECE)	SAME	ADDRES	
NOI	Conditions, if any, w gove rise to immed cause (a), stating underlying cause PART 2 OTHER SIGNIFI	hich (b) iote the DUE TO, C ast. (c) CANT CONDITIONS C		DEATH BUT								
CERTIFICATION	190 DATE OF OPERATIO	N 196 CONE	DITION FOR WHIC	H OPERATIO	N WAS PERFOR	MED	200 AUTOPS	v? ○□	IN CERTIF	, WERE FINDII YING CAUSES S		
	210. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL)	SE OF DEATH HOUR A	OF INJURY I.M. MONTH I	DAY YEAR			RED (ENTER NATURE	OF INJURY	IN ITEM 18 P	ART I OR PART 2)		
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME S	OF INJURY TREET, FACTORY, OFFICE	FARM ETC )	ZH LOCATION	Ν	C	ITY OR TOW	'N	COUNTY	STATE	
	270.1 certify that (1) h	News on L	19,	<b>84</b> , or			death accurred o	n the dot	e and hou			
	/	How	Towne		A1 P		MEDICAL DIRECTOR	STAFF	AN 🗌	8-6		
	DR. G		OWE		27e ADDRESS		LAIR R	D.				
	BURIAL, CREMATION, REA (SPECIFY) BURIAL	8/7/	/84 LOUDON PARK			BALTIMORE COUNTY			MD STATE			
24 F	UNERAL DISCHIMU	NEK FUNE Brehms La	RAL HOM ne, Bal	E INC	id. 212		G 7 10		0	rarssigna		



TENDING PHYSICIAN. The law requires that the death certificate be execused

Tipital or attending physician.

TO HOSPIT

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled within 72 hours after dear with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAINTHE STORE COPY. OI reconstruction of the Marked or them the medical example of the medical examples of the medical example

ner must be natified at once.

FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Sec. As		

		REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.			
		CEASED NAME	FIRST		MIDDLE LAST			20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	(ITPE	EL	GEM	E	T.	ZUK	omski		8	9 84	- 530 A	M
	3. SEX			4. RACE		5. DATE C	or outlier.	6 AGE (IN YEARS LAST I	SIRTHDAY)	MONTHS DAYS		_
		MALE			+ITE	6	14 1925	59	YRS			
1		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED X	9 BALTIMORE CITY	_			
2		TARYLAN,				WIDOWED DIVORCED					CITY MD.	
1		TY OR TOWN OF DEA		11. NAME OF I	HOSPITAL, NURSIN THEACILITY, GIVE STREET	G HOME C ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPA TYPE OF WORK FOR MOS			OF BUSINESS OF	\$
1		ALTIMORE, A		FRANCIS SCOTT KEY MEDICAL CTR.				COMPUTER OFFIR STEEL				
d	13a. S	TATE	136. COUN	ITY	13c. CITY OR TOW	N		13e.STREET ADDRESS				1
2	11.6	MD,	BA	LTMORE	BALTIM	one	YES NO [		4000	LLAS	To 2/22	4
	14. FA	THER'S NAME		MIDDLE	(AST		15. MOTHER'S MAIDEN NAM	WIDDLE			AST	
2		THOMA			ZUROMSK		MARTITA	RAMS KADD	DECC	SALK	owski	-
		AS DECEASED EVER		E WAR OR DATES)	166 SOCIAL SECU			Roms KADP	-4	-11100	2133	7
Ŋ		NO	- 14	_	220 - 20-		MARTHA =		5	145,1		- //
d		18 CAUSE OF DEATH PART I. DEATH W	H (Enter on	ly one couse per D BY:	line for (a), (b), one	dici.i		1155		BETWEEN	NONSET AND DEATH	5/
	19			E CAUSE 10)	CARDIO	PUL	MONTHLY AT	ryce.si				_
	-4			DUE TO, O	R AS A CONSEQUE	NCE OF						
	Conditions, if ony, which (b) SEPSUS											
	-	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF										
		underlying couse lost. (c) METASTA				A	PANCREATIC	CARCIN	OMA			
	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	CERTIFICATION					20	40.00					
7	CAT	196 DATE OF OPERATION 196 COND			idition for which operation was performed			206 AUTOPSY? 206. IF YES, WER			RE FINDINGS USED G CAUSES OF DEATH?	
-	TIF							YES NO	Y	ES 🗍	NO 🗍	
9		218. ACCIDENT WAS UNE	-		OF INJURY M. MONTH DA	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM TS	PART I OR PART 2)		
	CAL	(IF EITHER, NOTIFY MEDIC		ille.	м.	19	0.3				E. Lac.	
j	MEDICAL	21d. INJURY OCCURE	RED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM FIC )	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE	
1	>	AT WORK AT WO	RK			,						
		22a I certify that (1)		65/	0 1 0	7/6	, 19.84	to8	9/	19 54	, tho (we) los	51
		sow the decease obove (1)(we) (	ed alive on lid) (did no	t) view the body	9 19 &	, 01	nd that in (my) (our) opinion d	leath occurred on the	date and ha	or and from th	e couses stated	
		22b. SIGNATURE DEGREE								22c DAT	E SIGNED	1,
		00	hn		Colubn 1	10	22e ADDRESS					
		22d. PHYSICIAN'S NA										
		Jothn	ME	MAHN	MD.		Francis Scott	Key Med	weal	Gerter	/	
	23e. B	URIAL, CREMATION,	REMOVAL		23c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				=
		Burial		8/11/	84 St.	Stan	nisla <b>us</b> Cemete					
	24. FL	INERAL DIRECTOR			4 D.D.D.C.C.		25a DATE			TRAP'S SIGNA		
	Ge	eorge A. Wel	per &	Sons In	nc. 705 S	. Ann	St. Ag	A TO POST	d			

THE WORLD A COLUMN Contract of the Contract of th AND THE RESERVE TO BE SHOULD BE SHOU THE THE PARTY OF THE CANDERS BOX OF A STATE OF THE STATE OF miles of the light content the triple . The water AND THE RESERVE OF THE PARTY OF